

Missouri Special Education Annual Performance Report

(Reporting Period July 1, 2003 through June 30, 2004)

Part C of the Individuals with Disabilities Education Act

March 2005

Department of Elementary and Secondary Education
Division of Special Education

Part C Annual Performance Report

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Introduction

Legislative Update

In early March 2005 Senate Bill 500 and House Bill 759 were introduced. Under these acts, the Department of Elementary and Secondary Education (DESE) will maintain a statewide birth to age three system of early intervention services through the First Steps program. The statewide system shall include a comprehensive public awareness program to ensure eligible children are identified and evaluated for eligibility. Proposed modifications to the existing program include the following:

- The structure for the delivery of First Steps services will be on a regional basis
- The DESE will promulgate rules providing for family cost participation in the First Steps program, including access to private and public insurance and a fee for participation set by a sliding scale corresponding with the financial resources of the parents or legal guardians
- Any agency that bids for a First Steps regional contract shall provide assurances that
 1. First Steps program services shall be provided, either directly or through contract, to eligible children in its region with the funding it receives
 2. The child's Individualized Family Service Plan (IFSP) shall include measurements on the family's outcomes toward implementing the child's developmental goals
 3. Transdisciplinary and coaching approaches will be the focus of the IFSP

This Annual Performance Report addresses performance and future plans based on the First Steps program as it is currently structured. If and when legislative changes are made, future plans may need to be altered to address the new structure and additional/modified requirements.

Background

See Missouri's Part C Annual Performance Report for July 1, 2002 through June 30, 2003 for a description of the evolution of Missouri's Part C system. The following outline is a summary of Missouri within the frameworks of OSEP's continuous improvement process.

• Missouri Self-Assessment (SA):

- Organized by cluster areas, components and indicators provided by OSEP. Began the Continuous Improvement Monitoring Process (CIMP)
- Steering committee was a subcommittee of the SICC
- Subcommittee and DESE wrote the SA
- Finalized and submitted to OSEP: October 2002
- OSEP response: March 2003
 - **Major findings:** Child find, correction of previous noncompliance, timelines

• Missouri Improvement Plan (IP):

- Established benchmarks/targets and activities for 2003-04 – 2008-09

◦ Priority areas:

- Child find
- Correction of non-compliance
- Timelines
- Part C monitoring system
- Interagency agreements
- Personnel
- Service coordination
- Evaluation/assessment
- Family-centered services

- Early childhood transition
- Part C IP was combined with the Part C APR for 2001-2002
- Submitted to OSEP: July 2003
- OSEP response: May 2004
 - **Major findings:**
 - Identification and correction of all noncompliance in all agencies that carry out Part C
 - All eligible children are identified, located and evaluated
 - Evaluation and assessment completed within 45 days of referral
 - Additional data collection and reporting needs to better analyze child, family and program data for public awareness and child find and other programmatic purposes and to assess and improve child and family outcomes
 - Requires an interim progress report by October 31, 2004, and a final report no later than June 6, 2005
- **OSEP Verification Visit:**
 - December 2003 - Looked at monitoring, assessment and data collection for Parts B and C
 - OSEP response: May 2004
 - Identification and correction of all noncompliance for all agencies
 - Need better data collection on personnel and child and family outcomes
- **Missouri Annual Performance Report (APR):**
 - Performance report for 2002-03 and future activities for 2003-04
 - Combines data reporting/analysis and improvement planning into one document
 - Organized by clusters, questions (components) and probes (indicators)
 - Largely a repeat of the IP since both covered the same "future" period
 - Submitted to OSEP: April 2004
 - OSEP response: October 2004
 - Requires **items to be addressed in 2003-04 APR**, including
 - Service coordination is provided for every child with an IFSP
 - IFSPs include all necessary services and all identified services are provided
 - Transition planning conference requirements are met
 - Data on improved and sustained functional abilities is collected and analyzed
- **DESE Part C Interim Progress Report:**
 - Dated October 31, 2004
 - Response to OSEP's May 2004 response to 2001-02 APR/IP and verification visit and OSEP's October 2004 response to 2002-03 APR
 - OSEP response: January 14, 2005. Requires the **2003-04 APR** to report on the following with **final report due by June 6, 2005:**
 - Progress in identifying and correcting all noncompliance
 - Progress in ensuring compliance in identifying, locating and evaluating all eligible infants and toddlers
 - Additional information on "acceptable reasons" and progress in correcting noncompliance with the 45 day timelines

Need for SPOE System Changes

SPOEs and service coordinators are the keys to success or failure of the redesigned First Steps program. Several challenges have arisen since implementation of Phase 1 in April 2002. These include, but are not limited to, the following:

- Because SPOEs were contracted through the Missouri Office of Administration, contract changes required a re-bid to make adjustments to the contracts when circumstances indicated a need for adjustments.

- SPOE bids contained estimated staffing needs based on estimated numbers of children to be served. It appears that the original estimates of children were low, so some SPOEs did not have adequate staff to handle all referrals in a timely manner and the contract could not be amended to allow for staffing adjustments.
- Some SPOEs experienced large staff turnover, and the time needed to replace and train staff put them out of compliance on timelines.
- Administrative oversight of ongoing service coordinators and providers was not built into the redesigned system.

Due to these limitations of the original SPOE design, a new contract to address the concerns was implemented in July 2004 for Phase 1 SPOEs. This new contract, which involved changes to SPOE catchment areas, has resulted in significant improvements in child find, timelines and service delivery. Changes seen due to the new contract are discussed under the various clusters and probes. See the Part C APR for 2002-03 for excerpts from the request of proposal for the Phase 1 re-bid. Plans were in place to re-bid Phase 2 SPOEs and put in place a contract and structure similar to the new Phase 1 SPOE contract, however plans are being reconsidered due to the filing of legislation proposing changes to the First Steps program.

Under the new SPOE contract that is in place in three regions of the state (serving approximately half of the state's child count), SPOE administrators have the following responsibilities:

- Organize, develop, and appoint a Regional Interagency Coordinating Council,
- Develop, implement, maintain, and continuously evaluate child find,
- Develop, implement, and maintain a system of provider recruitment,
- Monitor the completion of service provider training,
- Conduct personnel evaluations on service coordinators,
- Assist the state agency with investigation of provider complaints, and
- Assure implementation of any corrective action.

SPOE Software Changes

The Part C APR for 2002-03 indicated that a new web-based software system (webSPOE) was scheduled to be implemented on July 1, 2004. Due to the significant number and type of changes that are being built into the web-based system, the new software is not yet available, and is tentatively scheduled to be released in the Spring/Summer of 2005. The most significant reason for the delay was the decision to make the system an online process that contains all elements of referral, evaluation, eligibility determination, and IFSP development and implementation. The system is very compliance driven and will ensure compliance with regulations as well as best practices to the extent possible. The impact of the new software on the quality and quantity of available data to enhance program and monitoring efforts will be discussed under the various clusters and probes.

Development of IFSP Quality Indicators Rating Scale

Missouri has developed, in collaboration with stakeholders, National Early Childhood Technical Assistance Center (NECTAC) staff, and national experts, an *IFSP Quality Indicators Rating Scale*. The QIRS was designed to be used by the Part C program in Missouri for accountability and performance monitoring purposes. The QIRS addresses each area of the IFSP document in a Likert scale fashion, with "1" representing Unacceptable, "3" representing Acceptable, and "5" representing Recommended Practice. Each Likert scale item has a descriptor for determining into which category the IFSP fell for each area evaluated. The quality review results will identify areas of strengths and concerns in IFSPs reviewed and aggregate data for the overall quality of IFSPs developed in each System Point of Entry geographic catchment area. Under the new Phase 1 SPOE contract, the state will award incentive dollars to a SPOE region that demonstrates "high quality" IFSPs as determined by the ratings on the scale and meets or exceeds the performance standards identified in the contract.

The Part C program state staff intends to evaluate the effectiveness of the *IFSP Quality Indicators Rating Scale* and the review process during 2004-05. Based on experience and feedback, the instrument and/or review process may be revised. Subsequently, the Missouri Part C program intends to incorporate the use of the *Missouri First Steps IFSP Quality Indicators Rating Scale* into the statewide monitoring and accountability system for use statewide in 2005-06.

Explanation of “Future Activities” sections

- New Cluster/Probe – Refers to clusters, questions and probes required by OSEP
- Future Activities to Achieve Projected Targets – More detailed activities which will lead towards attainment of targets
- Projected Targets/Evidence of Change – The measurement of progress for the activities
- Projected Timelines – Anticipated completion date for the activities
- Resources – The sections responsible for completing the activity
 - CISE – Center for Innovations in Education
 - CMS – Compliance Monitoring System database
 - Comp – Compliance
 - Data – Data Coordination
 - DSE Staff – various Division of Special Education staff members
 - EP – Effective Practices
 - Funds – Funds Management
 - Monitoring System – System for monitoring all elements of the First Steps program
 - SPOEs – System Points of Entry
 - Consultants – First Steps Regional Consultants

Cluster Area CI: General Supervision (GS)

Question: Is effective general supervision of the implementation of the Individuals with Disabilities Education Act (IDEA) ensured through the Lead Agency's (LA) utilization of mechanisms that result in all eligible infants and toddlers and their families having an opportunity to receive early intervention services in natural environments (EIS in NE)?

Probes:

- GS.I Do the general supervision instruments and procedures (including monitoring, complaint and hearing resolution, etc.), used by the LA, identify and correct IDEA noncompliance in a timely manner?
- GS.II Are systemic issues identified and remediated through the analysis of findings from information and data collected from all available sources, including monitoring, complaint investigations and hearing resolutions?
- GS.III Are complaint investigations, mediations and due process hearings and reviews completed in a timely manner?
- GS.IV Are there sufficient numbers of administrators, service coordinators, teachers, service providers, paraprofessionals and other providers to meet the identified early intervention needs of all eligible infants and toddlers and their families?
- GS.V Do State procedures and practices ensure collection and reporting of accurate and timely data?

State Goal (for reporting period July 1, 2003 through June 30, 2004):

- Effective general supervision of the implementation of the IDEA is ensured through the Lead Agency's utilization of mechanisms that result in all eligible infants and toddlers and their families having an opportunity to receive early intervention services in natural environments.

Performance Indicators (for reporting period July 1, 2003 through June 30, 2004):

- GS.I The general supervision instruments and procedures (including monitoring, complaint and hearing resolution, etc.), used by the LA, identify and correct IDEA noncompliance in a timely manner.
- GS.II Systemic issues are identified and remediated through the analysis of findings from information and data collected from all available sources, including monitoring, complaint investigations and hearing resolutions.
- GS.III Complaint investigations, mediations and due process hearings and reviews are completed in a timely manner.
- GS.IV There are sufficient numbers of administrators, service coordinators, teachers, service providers, paraprofessionals and other providers to meet the identified early intervention needs of all eligible infants and toddlers and their families.
- GS.V State procedures and practices ensure collection and reporting of accurate and timely data.

GS.I The general supervision instruments and procedures (including monitoring, complaint and hearing resolution, etc.), used by the lead agency, identify and correct IDEA noncompliance in a timely manner.

1. Baseline/Trend Data and Analysis (for reporting period July 1, 2003 through June 30, 2004):

GENERAL SUPERVISION COMPONENTS

General Supervision Components in place during 2003-04

- SPOE and intake coordinator monitoring for referral process, intake, evaluation, eligibility determination and initial IFSP development
- Contracts and provider agreements for SPOEs and providers
- Interagency agreements for service provision and child find
- Central Finance Office (CFO), claims and billing system, Explanation of Benefits (EOB) to families
- Family survey
- Complaint system for child complaints, provider complaints and service complaints arising from EOB statements
- Investigation of questionable billing/authorizations for services including potential fraudulent billing
- Enrollment, training and credentialing requirements for providers
- SPOE child data system
- State Interagency Coordinating Council (SICC) is a venue for gathering information from stakeholders on a regular basis

Additional General Supervision Components put in place during 2004-05

- Informal provider issues database
- Additional provider and ongoing service coordinator monitoring activities
- Family exit survey
- Provider survey
- Regular general supervision data reviews
- IFSP Quality Indicators Rating Scale
- New SPOE contract for Phase 1 SPOEs
- First Steps regional consultant contracts filled

Additional Components to be put in place during Spring/Summer 2005

- New webSPOE software
- LEA surveys

Additional Components Pending Legislative Action

- New SPOE contract statewide
- Possible changes in provider structure within the system to improve provider oversight

These components are the building blocks of Missouri's system of general supervision. The table below shows how the components work together to address each of the Clusters and Probes of this Annual Performance Report. Additional information and/or data are located under each applicable cluster/probe. Each of the headings in the following table represent sources of data within the system of general supervision:

- Complaint System – Includes the existing formal Child Complaint and Due Process systems
- Informal Issue System – Will be comprised of a database for gathering provider or system issues brought to DESE's attention outside of the formal complaint system
- Data Systems – Includes data and reports available through the current SPOE software and the future web-based system
- Surveys – Includes existing parent surveys as well as future surveys for Providers and Local Education Agencies (LEA)
- Quality Indicators – Refers to the Quality Indicators Rating Scale and the data to be gathered from the future application of the rating scale
- SPOE/Service Coordinator Monitoring – Includes current and future data on SPOEs and service coordinators gathered through various sources of the general supervision system, including contracts, monitoring reviews, data reviews, consultants, etc.
- Provider Monitoring/Oversight – Includes current and future data on service providers gathered through various sources of the general supervision system, including contracts, enrollment requirements, data reviews, monitoring reviews, surveys, interviews, etc.
- Interagency Work – Includes interagency agreements and memoranda of understanding, primarily in regards to child find and service coordination
- Other – Includes current and future sources of information utilized in the system of general supervision

Current and Proposed Components of Missouri's System of General Supervision

Indicator/Probe	Complaint System	Informal Issues System	Data Systems	Surveys	Quality Indicators	SPOE/SC Monitoring	Provider Monitoring/Oversight	Interagency Work	Other
GS.I Identification and correction of noncompliance	Yes	Yes	SPOE webSPOE Various reports	Parent Provider LEA		Yes	Yes	Correction of any identified noncompliance	
GS.II Systemic issues identified and remediated	Yes	Yes	SPOE webSPOE Various reports	Parent Provider LEA		Yes	Yes	Correction of any identified noncompliance	
GS.III Timely completion of complaints, due process	Yes								
GS.IV Sufficient number of trained providers	Yes	Yes	SPOE webSPOE	Parent Provider		Yes	Yes	DMH Service Coordinators	Provider database – enrollment and training
GS.V Collection and reporting of accurate and timely data			SPOE webSPOE Various reports			Yes	Yes		
CC.I, CC.II Comprehensive child find system	Yes	Yes	SPOE webSPOE	Parent Provider LEA		Yes		DHSS, DMH, Early Head Start, PAT	RICC
CF Family centered services		Yes	webSPOE	Parent Provider	Yes				

Indicator/Probe	Complaint System	Informal Issues System	Data Systems	Surveys	Quality Indicators	SPOE/SC Monitoring	Provider Monitoring/Oversight	Interagency Work	Other
CE.I Access to service coordinator	Yes	Yes	webSPOE	Parent		Yes		DMH Service Coordinators	
CE.II Timely eval/assess – 45 day timelines	Yes	Yes	SPOE webSPOE	Parent Provider		Yes	Yes		
CE.III IFSPs include all services necessary and all identified services are provided	Yes	Yes	webSPOE	Parent	Yes	Yes	Yes		
CE.IV Services in NE and non-NE justification	Yes		webSPOE		Yes	Yes	Yes		
CE.V Improved and sustained functional abilities			webSPOE	Parent	Yes				School Entry Profile
CBT Early childhood transition	Yes	Yes	webSPOE	Parent Provider LEA	Yes	Yes			

In order to maximize the integration of all of the above data throughout a comprehensive General Supervision System for Missouri Part C, DESE has enlisted the assistance of Dr. Alan Coulter with National Center for Special Education Accountability Monitoring (NCSEAM). Division of Special Education (DSE) staff met with Dr. Coulter on July 22-23, 2004, and August 11-13, 2004, to begin the development of a focused monitoring system for Part C. The outcome of this meeting was to form an internal DSE workgroup with staff from each of the DSE sections (Funds Management, Compliance, Effective Practices and Data Coordination) to outline the major components of the Part C General Supervision requirements, activities, and responsibilities incorporating the data sources from the child data system. This framework is being compiled into a General Supervision Manual which is available online in draft form at <http://dese.mo.gov/divspeced/FirstSteps/pdfs/GenSupManualDRAFT.pdf>. This manual provides a format for outlining detailed procedures for general supervision responsibilities in each chapter area as listed below.

Chapters of the General Supervision Manual include:

1. Monitoring
2. Public Awareness
3. Comprehensive System of Professional Development
4. Complaint System
5. Data Collection
6. Financial Management
7. Interagency Agreements

The General Supervision Manual will be finalized prior to DESE's June 6, 2005, final report to OSEP regarding identification and correction of all noncompliance.

A stakeholder meeting was held January 27, 2005, to review and seek input on Missouri's current and proposed system of general supervision and provide information on focused monitoring. Specific input was solicited on strategies for provider monitoring/oversight. It is anticipated that Missouri will continue to work with NCSEAM on focusing its monitoring efforts.

COMPLIANCE MONITORING ACTIVITIES

Current SPOE Monitoring Activities

The chart below outlines the dates that initial and follow-up on-site monitoring visits were conducted with every SPOE in the First Steps system. DSE will continue to follow-up on all non-compliance through corrective action plans (CAPs), and beginning in June 2005 follow-up monitoring will address not only SPOE responsibilities, but also compliance requirements for ongoing service coordinators and providers.

Corrective Action Plans

As shown in the chart, the first CAPs received from SPOEs were not approved because they did not provide DESE the adequate assurances that the SPOEs understood the compliance requirements and had put in place effective strategies to achieve and maintain compliance within one year. Therefore, the First Steps Regional Consultants were trained and deployed to provide technical assistance to all SPOEs to refine their CAPs in January and February 2005. These revised CAPs are now being received and reviewed.

Future Monitoring Plans

In February and March 2005, DESE, with the assistance of First Steps Regional Consultants, conducted initial on-site monitoring of the Phase I re-bid SPOE Regions 2 and 4. This monitoring addresses not only SPOE responsibilities, but also compliance expectations for all on-going service coordinators (SPOE and DMH). Where non-compliance was found, corrective actions are being required (see below for compliance indicators related to ongoing service coordination). CAPs are required for systemic non-compliance and data to verify compliance with specific issues are required by the Final Report Letters. In addition, all non-compliance identified in specific children's files is required to be corrected as directed by DESE. Technical assistance will be provided by Consultants and DESE staff as needed to help ensure correction of non-compliance within one year, and a follow-up review will be conducted (by desk review, if possible) within nine months of the date of the Final Report Letter.

In June and July 2005, DESE will conduct follow-up reviews of all Phase II SPOEs as well as Region 1. All areas of non-compliance from previous reviews will be monitored for each region. In conjunction with the SPOE reviews, all indicators related to ongoing service coordination and early intervention providers will be monitored. Additional detail on service coordination and service provider responsibilities is included in sections CE.I and GS.IV, respectively.

Compliance indicators related to ongoing service coordinators:

- Parental consent for exchange of personally identifiable information
- Prior written notice and consent
- Written notification of IFSP meetings
- IFSP content
- Transition planning
- Timely IFSP meetings

Compliance indicators related to service providers:

- Implements services in accordance with the IFSP
- Completes and submits evaluation reports in a timely manner
- Submits complete and timely monthly progress reports to the SPOE

All compliance indicators regarding federal compliance required by OSEP have been outlined and categorized according to who will be monitored for each, what data will be used, and how often a review of the item will take place (monthly or quarterly data review, cyclical review, random data system check etc).

Monitoring strategies will include:

- File reviews including children served by DMH and independent ongoing service coordinators. Files will be selected randomly with certain characteristics identified to target areas of non-compliance from the previous review. Files will be selected to verify data submitted on reasons for exceeding 45 day timelines. Files will also be selected to address specific service coordinators or providers identified through the formal complaint system, informal issues data base, data on high amounts of services, as well as preliminary phone or Consultant-conducted interviews of SPOE staff. These interviews will be conducted prior to the monitoring visit to help identify issues with providers or ongoing service coordinators (failure to submit evaluation reports on time, failure to conduct timely meetings, informal complaints received by the SPOE etc.)
- Interviews will be held with a sample of SPOE staff from each region. Interviews will also be scheduled with a sample of DMH and independent service coordinators and providers. These may be randomly selected, but if specific issues have been identified as potential problems, specific individuals will be identified for interview. Parents will also be interviewed or surveyed where issues are identified related to provision of services from specific providers or service coordinators.
- The new webSPOE data system will help ensure compliance in a number of areas by creating reminders for service coordinators and preventing them from moving forward in the system until specific actions such as notices or meeting notifications are provided.

To further ensure compliance, beginning when new contracts are in place statewide, all SPOES will be placed on a three year cycle for verification review. This review process will address compliance for all intake and ongoing service coordinators, SPOE administration, and service providers in the region and will:

- Verify compliance by reviewing a sampling of source documents not available in the child data system (e.g. notices and evaluation reports)
- If deemed necessary and useful, provide a comprehensive review of all compliance indicators through a self assessment process conducted by each SPOE and verification of compliance calls by DESE staff with assistance from First Steps Regional Consultants
- Specifically target any areas of concerns identified through the systematic data review process.

Off-schedule reviews to target specific issues will also be conducted as needed based on areas identified through the systematic data review process and/or spot checks of data that will be possible through the webSPOE child data system. These will be conducted by desk review, if practical, based on the areas being reviewed, and if not practical, an on-site review will be conducted.

Final report letters will be provided to SPOEs within six weeks of the review. A Corrective Action Plan will be required for all systemic non-compliance identified. In addition, all non-compliance identified in specific children's files will be corrected as directed by DESE. Technical assistance will be provided by Consultants and DESE staff as needed to help ensure correction of non-compliance within one year, and a follow-up review will be conducted (by desk review, if possible) within nine months of the date of the Final Report Letter to verify the implementation of the corrective action and correction of the non-compliance.

Ongoing service coordinators (DMH and independent) and providers will also receive reports if non-compliance is identified, requiring corrective actions.

Sanctions

Intensive technical assistance will be provided when any of the above entities has been unable to correct non-compliance within one year. Sanctions will be imposed, as needed, and include the following:

- Submit frequent progress reports to DESE
- Implement specific procedures as defined by DESE
- Removal from the First Steps Matrix such that services can not be provided through First Steps
- Issues with DMH will be addressed through administrative strategies between DESE and DMH central office if correction is not accomplished

- Persistent non-compliance from SPOEs will ultimately affect their opportunity to continue to receive a contract through First Steps. Contract renewal was denied in one SPOE area during 2003-04.
- Liquidated damages for failure to meet performance requirements can be assessed as outlined in the new Phase I contracts
- Recovery of funds when improper billing is identified

Future Compliance Monitoring within the Context of Missouri's General Supervision Procedures

Missouri DESE recognizes that general supervision responsibilities encompass more than compliance monitoring and the complaint system. Procedures have been developed and are continuing to be refined for using the comprehensive data system available in Missouri to assist with oversight of all areas of general supervision: Monitoring, Public Awareness, CSPD, Complaint System, Data Collection, Financial Management, and Interagency Agreements.

These separate pieces overlap in many ways, and these areas are being integrated by:

- Developing a manual of procedures for each area
- Developing a systematic data review process that covers areas of compliance and additional areas targeted in the APR that can appropriately be addressed by data review. Data reviews began January 2005. First Steps team members and Consultants participate to help ensure an integrated approach. The process also allows for review of issues that have come in through the Informal Issues process.
- Charting all APR indicators and displaying the strategies used to analyze and address each area to ensure all available means to identify and address each area are being employed.

Missouri is continuing to work with NCSEAM and identified stakeholders in refining the state's General Supervision system and moving forward with focused monitoring to systematically address performance outcomes.

Monitoring Data

Results from SPOE monitoring visits are discussed under the applicable cluster/probe.

Missouri Part C Monitoring and Corrective Action Plan (CAP) Dates as of 2/22/05

Original Phase I (contracts were re-bid in 2004)

Region	Initial Review	Report Sent	Follow-Up 1	Follow-Up Report Sent	CAP Due	CAP Rec'd	Doc. Due	Doc. Rec'd	Follow-Up 2
Child Day Care Association St Charles (1)	10/11/2002	4/16/2003	5/25/2004	10/29/2004	11/29/2004	11/29/2004	12/14/2004	1/5/2005	03/05 (See note 7)
United Cerebral Palsy of Greater St. Louis St Louis (2)	10/10/2002	4/16/2003	11/11/2003	4/5/2004	5/5/2004	7/1/2004 (see note 6)	5/26/2004	NA	NA
Community Services of Northwest Missouri Atchison (4)	11/19/2002	4/16/2003	5/17/2004	10/29/2004	See notes 3,4,5	NA		NA	NA
Young Women's Christian Association St. Joseph (5)	11/11/2002	4/16/2003	1/19/2004	10/29/2004	See notes 3,4,5	NA		NA	NA
Sunshine Center Clay,Platte,Ray (6)	11/11/2002	4/16/2003	5/14/2004	10/29/2004	See notes 3,4,5	NA		NA	NA

Phase I Re-Bid SPOEs (contracts awarded July 2004)

Region	Letter Assigning CAP	CAP Due	CAP Received	SPOE Specific Documentation Due	SPOE Specific Documentation Received	On-site	
Child Day Care Association Greater St. Louis (1)	8/13/2004	9/28/2004	10/24/2004	11/15/2004	11/12/2004	Summer '05	
Special School District of St. Louis County St. Louis Co. (2)	8/13/2004	9/27/2004	9/27/2004	11/13/2004	12/15/2004	02/05 (see note 5)	
The Daulton Group, Inc Northwest (4)	10/29/2004	12/13/2004	11/18/2004	1/28/2005	1/21/2005	02/05 (see note 5)	

Notes: Phase 1 SPOEs re-bid effective July 1, 2004

Note 1: Region 1 – Area was expanded to include St. Louis City

Note 2: Region 2 – Geographical area was divided with St. Louis City going to Region 1 and St. Louis County awarded to a new contractor

Note 3: Regions 4, 5, 6 – Were combined and awarded to a new contractor

Note 4: Corrective action plans from previous SPOEs were sent to new SPOEs to correct

Note 5: Regions 2, 4 – Phase 1 re-bid SPOEs will have initial on-site monitoring in February/March 2005, to include verification of corrective actions from previous SPOEs

Note 6: Region 1 – St. Louis SPOE's CAP was not acceptable, however the responsibility was transferred to the new SPOEs for Regions 1 and 2

Note 7: Follow-up will include verification of corrective action from previous SPOE

Missouri Part C Monitoring and Corrective Action Plan (CAP) Dates as of 3/14/05**Phase II**

Region	Initial Review	Report Sent	CAP Due	CAP Rec'd	Consultant CAP Training	Revised CAP Rec'd	CAP Approved*	Doc Due	Doc Rec'd	Doc Approved*	Follow-up Due
SEMO											
Jefferson County (3)	11/13/03	10/13/04	11/15/04	11/23/04	1/31/05	2/7/05		11/30/04	2/18/05		06/05
Farmington (7)	11/13/03	9/30/04	11/1/04	11/4/04	1/31/05	2/7/05		11/15/04	2/18/05		06/05
Poplar Bluff (21)	11/13/03	9/30/04	11/1/04	11/4/04	1/31/05	2/7/05		11/15/04	2/18/05		06/05
Bootheel (23)	11/13/03	9/30/04	11/1/04	11/4/04	1/31/05	2/7/05		11/15/04	2/18/05		06/05
ChildCare Connection											
Columbia (11)	6/17/04	9/28/04	10/28/04	11/5/04	2/1/05	3/13/05		11/11/04	3/1/05		06/05
Jefferson City (16)	6/14/04	10/7/04	11/8/04	11/23/04	1/16/05	3/3/05		11/24/04	3/24/05		07/05
First Steps of Southwest Missouri											
Joplin (12)	5/11/04	10/22/04	11/23/04	11/23/04	3/1/05	3/7/05		12/8/04	12/9/04		07/05
South Kansas City (14)	5/11/04	10/22/04	11/23/04	11/23/04	3/1/05	3/7/05		12/8/04	12/9/04		07/05
Bolivar (15)	5/11/04	10/22/04	11/23/04	11/23/04	3/1/05	3/7/05		12/8/04	12/9/04		07/05
First Steps - A program of Child Care Resource and Referral											
Springfield (13)	5/13/04	10/22/04	11/23/04	11/18/04	2/7/05	3/7/05		12/8/04	12/27/04		07/05
South Central MO (18)	5/11/04	10/22/04	11/23/04	11/18/04	2/7/05	3/7/05		12/8/04	12/27/04		07/05
West Plains (22)	5/11/04	10/22/04	11/23/04	11/18/04	2/7/05	3/7/05		12/8/04	12/27/04		07/05
Evergreen Behavioral Services											
Kirksville (8)	5/21/04	10/21/04	11/22/04	11/19/04	2/3/05	3/3/05		12/7/04	12/7/04		07/05
Union (19)	11/6/03	10/21/04	11/22/04	11/19/04	2/3/05	3/3/05		12/7/04	12/7/04		07/05
North Central Mo (24)	5/19/04	10/21/04	11/22/04	11/19/04	2/3/05	3/3/05		12/7/04	12/7/04		07/05
Hannibal (25)	11/16/03	10/21/04	11/22/04	11/19/04	2/3/05	3/3/05		12/7/04	12/7/04		07/05
Montgomery City (26)	11/16/03	10/21/04	11/22/04	11/19/04	2/3/05	3/3/05		12/7/04	12/7/04		07/05
The Children's Place											
Kansas City (9)	5/5/04	10/8/04	11/8/04	2/16/05	2/24/05	2/16/05		11/22/04	2/16/05		07/05
Children's Therapy Center											
Sedalia (10)	4/27/04	10/13/04	11/13/04	11/11/04	2/14/05	3/9/05		11/29/04	11/29/04		07/05
First Steps for Families											
Camdenton/Rolla (17)	4/9/04	10/22/04	11/23/04	1/9/05	2/14/05	3/17/05		12/8/04	1/21/05		07/05
Bringing Families Together											
Cuba (20)	4/5/04	10/22/04	11/22/04	12/1/04	2/25/05	3/24/05		12/7/04	12/1/04		07/05

* DESE staff are currently reviewing and approving corrective action plans and documentation. Reviews are scheduled to be completed by April 1, 2005.

2. Targets (for reporting period July 1, 2003 through June 30, 2004):

- Any areas of noncompliance identified and corrected in a timely manner
- All Phase 1 SPOE follow-ups conducted in 2003-04
- All Phase 2 SPOEs will be monitored during 2003-04

3. Explanation of Progress or Slippage (for reporting period July 1, 2003 through June 30, 2004):

Information under the Baseline/Trend Data section describe the progress made in developing Missouri's compliance monitoring and general supervision systems. In summary, much progress has been made in defining Missouri's system of general supervision, including the integration of all data available, and identifying where additional data/systems are needed. Beginning in February and March of 2005, ongoing service coordinators are being monitored and service provider monitoring will begin within the next few months.

4. Projected Targets:

- All follow-ups conducted show correction of non-compliance
- Any areas of noncompliance are identified and corrected in a timely manner
- Complete system of general supervision developed by June 2005
- Continue monitoring activities using complete system of general supervision during 2005-06

5. & 6. Future Activities to Achieve Projected Targets/Results and Projected Timelines and Resources:

See also CE.I, CE.II, CBT

New Cluster/ Probe	Future Activities to Achieve Projected Targets (5)	Projected Targets/ Evidence of Change (4)	Projected Timelines (6)	Resources (6)
GS.I GS.II	Monitoring of SPOEs	Ongoing monitoring, correction of past deficiencies, enforcement actions implemented if needed	Ongoing	Comp, Consultants
GS.I GS.II CE.I CE.II CBT	Monitoring of ongoing service coordinators	Ongoing monitoring, correction of past deficiencies, enforcement actions implemented if needed	2/2005 Ongoing	Comp, Consultants
GS.I GS.II GS.IV	Monitoring of providers	Ongoing monitoring, correction of past deficiencies, enforcement actions implemented if needed	6/2005 Ongoing	Comp, Consultants
GS.I GS.II	Identify standards to be monitored	Standards identified	2004-05	Comp
GS.I GS.II	Develop written monitoring procedures	Procedures developed	2004-05	Comp
GS.I GS.II	Establish data review process	Systemic issues identified and corrected	Ongoing	DSE Staff, Consultants

GS.II Systemic issues are identified and remediated through the analysis of findings from information and data collected from all available sources, including monitoring, complaint investigations and hearing resolutions.

1. Baseline/Trend Data and Analysis (for reporting period July 1, 2003 through June 30, 2004):

Systemic non-compliance across SPOEs

Based on general supervision data reviews, SPOE monitoring and child complaint data, systemic issues for SPOEs include:

- 45 day timelines for initial evaluation/assessment
- Transition out of First Steps
- Application of eligibility criteria
- Notice and consent

Any noncompliance identified during the SPOE reviews are being addressed through technical assistance and follow-up monitoring reviews. Additional information can be found under the applicable clusters/indicators.

Two additional issues identified by stakeholders include:

- Provider availability, especially in very rural areas of the state
- Individualizing services through the IFSP

SPOE directors and State Interagency Coordinating Council (SICC) members, among others, have indicated that there are provider shortages in various areas of the state, especially in the very rural areas. Efforts to gather and analyze data and target provider recruitment are addressed under GS.IV.

Also from various stakeholders, there is a perception that services on IFSPs are not always individualized for infants and toddlers with disabilities. In response to this concern, the DESE has engaged in the following activities:

- Review child and financial data to determine possible service, frequency or delivery trends across SPOEs, Service Coordinators or providers/provider agencies
- Investigate data trends that raise questions at the local and regional levels by the First Steps Consultants
- Address instances where First Steps Consultants find discrepancies of practice, process, or philosophic understanding through whole-site technical assistance, meaning that all parties (administrators, practitioners, etc.) attend the technical assistance training
- Submit reports detailing discrepancies found and the remediation applied to DESE Compliance and Effective Practices sections

2. Targets (for reporting period July 1, 2003 through June 30, 2004):

Systemic issues are identified and remediated.

3. Explanation of Progress or Slippage (for reporting period July 1, 2003 through June 30, 2004):

The new RFP for Phase 1 SPOEs addresses the oversight and monitoring of service coordinators and providers and proposed legislative changes may improve provider and system oversight by making the SPOEs even more responsible for service provision. First Steps consultants are providing consistent technical assistance and training to SPOEs, service coordinators and providers and are assisting with provider recruitment and retention.

4. Projected Targets:

- Systemic issues are identified and remediated.
- Additional projected targets are in the Future Activities tables.

5 & 6. Future Activities to Achieve Projected Targets/Results and Projected Timelines and Resources:

See also GS.I, CE.I and CE.II

New Cluster/ Probe	Future Activities to Achieve Projected Targets (5)	Projected Targets/ Evidence of Change (4)	Projected Timelines (6)	Resources (6)
GS.II	Develop web-based compliance monitoring system for First Steps to compile monitoring results, timelines and status	Web-based compliance monitoring system developed for First Steps	2005-06	Comp, Data
GS.II	Develop webSPOE which will aid in identifying and ensuring correction of systemic issues	webSPOE data is used to identify and remediate non-compliance	2004-05	Comp, Data

GS.III Complaint investigations, mediations and due process hearings and reviews are completed in a timely manner.**1. Baseline/Trend Data and Analysis (for reporting period July 1, 2003 through June 30, 2004):**

		2001-2002		2002-2003		2003-2004	
		Child Complaints	Due Process	Child Complaints	Due Process	Child Complaints	Due Process
Total filed		3	1	16	1	11	0
Completed within timelines		2	0	13	0	9	0
Withdrawn		1	1	3	1	2	0
Completed outside of extended timelines		0	0	0	0	0	0

From April 2004 First Steps Family Survey

Q9: I received information and explanations about our family's legal rights (such as due process, procedural safeguards).

	#	%	
Strongly Agree	610	47.51%	93.15%
Agree	586	45.64%	
Disagree	70	5.45%	6.85%
Strongly Disagree	18	1.40%	
Total	1284		

The family survey was sent out in April 2004 to 3328 families, and 1401 were returned for a response rate of 42.1%. Results displayed here do not include the responses "I Do Not Know," "Does Not Apply," or non-responses.

Data show that all child complaints and due process hearings have been completed within original or properly extended timelines. Over 90% of families indicate that they received information about their legal rights.

2. Targets (for reporting period July 1, 2003 through June 30, 2004):

- All complaint investigations, mediations and due process hearing and reviews are completed in a timely manner.

3. Explanation of Progress or Slippage (for reporting period July 1, 2003 through June 30, 2004):

The child complaint database provides a regular report of child complaints that are nearing the end of timelines. This ensures that all investigations are either completed within timelines or that appropriate extensions are made.

4. Projected Targets:

- All complaint investigations, mediations and due process hearing and reviews are completed in a timely manner.

5 & 6. Future Activities to Achieve Projected Targets/Results and Projected Timelines and Resources:

This is a maintenance area for Missouri.

GS.IV There are sufficient numbers of administrators, service coordinators, teachers, service providers, paraprofessionals and other providers to meet the identified early intervention needs of all eligible infants and toddlers and their families.

1. Baseline/Trend Data and Analysis (for reporting period July 1, 2003 through June 30, 2004):

Provision of Services

- Intake Service Coordination is provided through contracts with the Lead Agency. Through contracts of System Points of Entry (SPOEs), intake service coordinators accept referrals and coordinate the evaluation process to determine eligibility for the Part C system.
- The Department of Mental Health (DMH), through an interagency agreement, funds ongoing service coordination for an agreed upon number/percent of infants and toddlers. Service coordination for all other eligible infants and toddlers is provided via independent service coordinators who have contractual agreements with the lead agency or via service coordinators employed by Phase 1 SPOEs.
- Personnel meeting state qualifications who are under contract with DESE provide all other early intervention services required by Part C. These providers bill the Central Finance Office (CFO). The CFO in turn, bills Department of Social Services (Medicaid) who reimburses the CFO per the interagency agreement between DMS and DESE.
- Payments to providers in Missouri's Part C system are based on the state's Medicaid reimbursement rate. This rate includes a natural environments incentive for services provided in those settings. As a result, the state's Medicaid office will not approve any added payment for travel expenses incurred by providers when serving children in the natural environment. Missouri is primarily a rural state and attracting providers to the Part C system is challenging when the pay rate is so low and providers must drive long distances to serve children with no reimbursement for the time on the road or the costs associated with the travel.

Missouri's system for ongoing service coordination follows two models across the state. The original model is based on independent and DMH service coordinators with very limited oversight. The revised model which is operating in three regions of the state (serving approximately half of the First Steps child count) makes SPOEs responsible for ongoing service coordination, either through coordinators employed by the SPOE or through DMH coordinators. The revised system allows for extensive oversight of service coordination activities. Data and information regarding service coordination is primarily included in the Early Intervention Services in Natural Environments cluster. See CE.I and CE.II for more information.

The model for other service providers (regardless of region) is currently an independent system where providers contract with DESE and enroll with the CFO. Providers are then chosen by the family from a service matrix. One change being discussed by the proposed legislation is SPOE contract responsibility for the provision of services as well as service coordination. This could be done through SPOEs employing or contracting with providers. Any changes made to the program may result in changes to the systems for provider recruitment, retention, training and monitoring.

That being said, the following tables present data regarding the numbers and types of providers and training data from 2003-04.

Providers of Early Intervention Services by Service Type

	6/30/2004				6/30/2003
	A Number of Children Receiving Services	B Number of Enrolled Providers	C Number of Providers Providing Services	D Percent of Providers Providing Services	E Percent of Providers Providing Services
ABA	72	174	88	50.6%	57.8%
Assistive Technology Providers	329	92	61	66.3%	56.2%
Audiologists	92	18	14	77.8%	50.0%
Interpreters (Bilingual and Sign)	66	33	21	63.6%	55.2%
Nurses	112	20	16	80.0%	27.3%
Nutritionists/Dieticians	283	16	16	100.0%	90.0%
Occupational Therapists	2,038	490	337	68.8%	68.4%
Orientation and Mobility Specialists	0	2	0	0.0%	37.5%
Physical Therapists	1,900	452	321	71.0%	71.0%
Physicians and Pediatricians	6	1	1	100.0%	50.0%
Psychologists	5	5	4	80.0%	75.0%
Service Coordination	3,454	278	175	62.9%	75.9%
Social Workers	64	18	16	88.9%	53.8%
Special Instruction	1,472	293	237	80.9%	82.8%
Speech and Language Pathologists	2,449	644	444	68.9%	72.4%
Total	12,342	2,536	1,751	69.0%	69.5%

Notes:

A - Number of children receiving services on June 30, 2004

B - Number of providers enrolled with the CFO as of June 30, 2004

C - Number of enrolled providers who were providing services to the children in Column A

D - Percent of Enrolled Providers Providing Service = Column C / Column B

E - Percent of Enrolled Providers Providing Service figure from 2002-03, as reported in 2002-03 APR

Provider Module Training during 2003-04

Module Title	2003-04		2002-03	
	Sessions	Attendees	Sessions	Attendees
Module I: FS Orientation**	19	378	21	430
Module II: FS Evaluation and Assessment	18	299	12	248
Module III: IFSP Outcomes in Natural Environments	23	370	7	138
Module IV: FS Transition	24	498	4	96
Specialty Module: Service Coordination	7	79	6	57
Total *	91	1,624	50	969

* Total attendees may be duplicated if providers attended multiple trainings.

** The orientation module was converted to an online training in December 2003. In 2004-05, Modules II, III and IV are being placed online as well.

From April 2004 First Steps Family Survey

Q14: We receive all the services listed in our Individualized Family Services Plan (IFSP)

	#	%	
Strongly Agree	677	51.68%	96.11%
Agree	582	44.43%	
Disagree	43	3.28%	3.89%
Strongly Disagree	8	0.61%	
Total	1310		

Q15: The people who work with my child know a lot about my child's disability and how to work with him/her.

	#	%	
Strongly Agree	767	56.15%	96.19%
Agree	547	40.04%	
Disagree	46	3.37%	3.81%
Strongly Disagree	6	0.44%	
Total	1366		

Q17: I receive information and explanations about the services my child needs and believe the services my child and family receive are appropriate.

	#	%	
Strongly Agree	708	51.34%	95.65%
Agree	611	44.31%	
Disagree	52	3.77%	4.35%
Strongly Disagree	8	0.58%	
Total	1379		

Anecdotal as well as preliminary "No Provider Available" data indicate that while there are regions with an adequate provider base, there are other regions with provider shortages. Extreme rural areas are especially likely to have very limited availability of providers. Many more providers attended training during 2003-04 than the previous year, largely as a result of the state enforcing training requirements. Family survey data suggest that over 95 percent of families are receiving all services on the IFSP, and feel that providers are knowledgeable and capable, and that services received are appropriate.

Future Plans for Data Collection

- No Provider Available (NPA) data collection through SPOE software. Preliminary data is now being collected outside the SPOE software, but will be incorporated into the webSPOE software
- Informal issues database planned to be implemented in Spring 2005
- Provider surveys

2. Targets (for reporting period July 1, 2003 through June 30, 2004):

- All services identified in IFSPs will be provided
- No child will go without a needed service because of lack of providers

3. Explanation of Progress or Slippage (for reporting period July 1, 2003 through June 30, 2004):

Due to delay in completion of the new webSPOE data system, the "No Provider Available" (NPA) option was not available until a change was made to the current system to allow entry of NPA authorizations. Data collection on NPA began in 2004-05 and initial data indicates that SPOEs and service coordinators are beginning to report where providers are not available for a service, however the reporting has not reached a level that suggests that the NPA option is being used consistently across the state. In reporting a service for which no provider is available, the IFSP service is identified in the child data system, but rather than entering an authorization for a particular provider, "No Provider Available" is designated. Guidance has been distributed in regards to when and how to use the NPA authorizations and what is required of service coordinators in the event that no providers are available. Requirements include continuing to look for providers and offering compensatory services when a provider is located. Significant public awareness efforts are being made to ensure service coordinators know about the NPA option and are using it. Monthly maps are being posted indicating where the NPA data shows provider need. These maps will encourage service coordinators and SPOEs to better and more completely use the NPA option. Additionally, the data is being shared with the SICC and First Steps Regional Consultants who are working with SPOEs and RICCs/LICCs to conduct targeted provider recruiting efforts based on the NPA data.

In defining Missouri's system of general supervision, the following service provision requirements, indicators and mechanisms for monitoring were outlined:

Federal and State Regulations describe the general role of service providers:

- Consulting with parents, other service providers, and representatives of appropriate community agencies to ensure the effective provision of services in that area
- Training parents and others regarding the provision of these services
- Participating in the multidisciplinary team's assessment of a child and the child's family and in the development of integrated goals and outcomes for the IFSP

Compliance Indicators:

- Provides services in accordance with the IFSP
- Submits evaluations in a timely fashion
- Submits progress reports in a timely fashion

Mechanisms in place for Service Provider monitoring/oversight:

- In place during 2003-04
 - Child complaint and due process system
 - Credential requirements for enrollment
 - Parent Surveys
 - Provider agreements require adherence to state and federal statute and regulations, was recently revised to strengthen the agreement
 - EOB statements sent to families provide for check between provision of services and billing for the services
- Implemented during 2004-05
 - Informal issues system – including billing complaints
 - Regularly scheduled reviews of pertinent data reports including provider availability
 - Pilot IFSP Quality Indicators Rating Scale
 - Providers removed from sight on the Matrix such that no new authorizations could be entered – for lack of training, lack of updating matrix information or extremely questionable billing practices
 - Consultant use of questionnaire for group services providers
 - Consultant review of service provision data
- To be implemented during 2005-06
 - New webSPOE software will keep service providers aware of upcoming timelines and meeting dates, as well as progress notes reminders
 - Monitor service providers in conjunction with SPOE reviews. Corrective actions for non-compliance will be required.
 - Full implementation of IFSP Quality Indicators Rating Scale

Provider training/credentialing system

The provider credentialing system is currently being reviewed and the Comprehensive System of Personnel Development (CSPD) committee has been reconvened to review the provider credentialing system and to recommend changes if any are needed. All First Steps training modules are being converted to web-based trainings so that providers have easier access to the trainings and are not required to spend time away from their work to attend.

4. Projected Targets:

- All services identified in IFSPs will be provided.
- No child will go without a needed service because of lack of providers.
- 100% of providers trained in all modules within six months of enrollment
- Additional projected targets are in the Future Activities tables

5. & 6. Future Activities to Achieve Projected Targets/Results and Projected Timelines and Resources:

See also GS.I and CE.IV

New Cluster/ Probe	Future Activities to Achieve Projected Targets (5)	Projected Targets/ Evidence of Change (4)	Projected Timelines (6)	Resources (6)
GS.IV GS.V	Monitor various reports & evaluate SPOE rebid/RICC work in regards to provider availability	Providers are qualified, timely evaluation/assessment	Ongoing	EP
GS.IV CE.III	Collect NPA, track trends and target recruitment	Instances of NPA reduce	Ongoing	EP
GS.IV	Develop and implement process and procedures for provider recruitment	Provider shortage decreases, recruitment activities implemented	Ongoing	EP, Consultants, SPOEs

GS.V State procedures and practices ensure collection and reporting of accurate and timely data.**1. Baseline/Trend Data and Analysis (for reporting period July 1, 2003 through June 30, 2004):**

Various efforts have been made to ensure the accuracy of data entered by the SPOEs into the data system:

- Each SPOE is the electronic record-keeper for the children served in their area. System requirements demand accurate and timely data entry at the child level in order for the children to have valid authorizations for services. These data are maintained at the SPOE and are batched to the CFO on a regular basis.
- Twice a month the CFO sends to DESE an up-to-date superSPOE database that contains child and family data including demographics and eligibility, IFSP information and service authorization data, among other items. This database is used to aggregate and disaggregate data through Access queries for federal reporting purposes, and data is monitored for irregularities through various query results. Questions and clarifications are asked of the SPOEs as appropriate. Examples of data clean-up required based on the database include children whose electronic record may need to be inactivated, children incorrectly marked as duplicates, children in referral over 45 days, etc.
- Various data reports are compiled from the superSPOE and posted on the web monthly. These reports contain referral, timelines, IFSP and inactivation data by SPOE, among others. Posting this report has encouraged more accurate data entry.
- Technical assistance from the CFO Help Desk supports more accurate data entry.
- Data is being used for monitoring for
 - Determining which SPOEs to monitor on-site
 - File selection and data verification on-site
 - Desk reviews for SPOE monitoring as well as regular data reviews
 - Referring consultants to work with SPOEs, service coordinators and providers on specific issues
 - Fiscal data reviews and investigations

2. Targets (for reporting period July 1, 2003 through June 30, 2004):

- Data collection and reporting is accurate and timely.

3. Explanation of Progress or Slippage (for reporting period July 1, 2003 through June 30, 2004):

A large amount of time has been devoted to the development of the webSPOE data system. The new web-based system will greatly enhance Missouri's Part C program and will provide data for program evaluation and monitoring purposes. The new system is expected to be implemented in the Summer of 2005.

4. Projected Targets:

- Data collection and reporting is accurate and timely.
- Additional projected targets are in the Future Activities tables.

5. & 6. Future Activities to Achieve Projected Targets/Results and Projected Timelines and Resources:

See also GS.I and GS.IV

New Cluster/ Probe	Future Activities to Achieve Projected Targets (5)	Projected Targets/ Evidence of Change (4)	Projected Timelines (6)	Resources (6)
GS.V	Final development, testing and implementation of the webSPOE software	webSPOE in place statewide	Ongoing	DSE Staff

Cluster Area CII: Comprehensive Child Find System (CC)

Question: Does the implementation of a comprehensive, coordinated Child Find system result in the identification of all eligible infants and toddlers?

Probes:

- CC.I Is the percentage of eligible infants and toddlers with disabilities that are receiving Part C services comparable to state and national data for the percentage of infants and toddlers with developmental delays?
- CC.II Is the percentage of eligible infants with disabilities under the age of one that are receiving Part C services comparable with state and national data?

State Goals (for reporting period July 1, 2003 through June 30, 2004):

- All eligible infants and toddlers will be identified and evaluated.
- Missouri will address child find for hard to reach populations.

Performance Indicators (for reporting period July 1, 2003 through June 30, 2004):

- CC.I The percentage of eligible infants and toddlers with disabilities that are receiving Part C services is comparable to state and national data for the percentage of infants and toddlers with developmental delays.
- CC.II The percentage of eligible infants with disabilities under the age of one that are receiving Part C services is comparable with state and national data.

CC.I The percentage of eligible infants and toddlers with disabilities that are receiving Part C services is comparable to state and national data for the percentage of infants and toddlers with developmental delays.

1. Baseline/Trend Data and Analysis (for reporting period July 1, 2003 through June 30, 2004):

Percent of Missouri Infants and Toddlers with IFSPs*

December 1, 2002	1.33%
June 30, 2003	1.57%
December 1, 2003	1.51%
June 30, 2004	1.67%
December 1, 2004	1.56%

* As percent of 2000 Population Census

National Comparison Ages Birth through 2

	Percent Served*
Missouri (December 1, 2002)	1.33%
National (December 1, 2002)	2.24%
Missouri (December 1, 2003)	1.51%
National (December 1, 2003)	2.18%

Source: US DOE, OSEP, Data Analysis System

Data excludes at-risk children

* As percent of estimated 2002 and 2003 population

Percentage of Population Served as of 12/1/2003 for States with Narrow Eligibility Criteria

State	Percent of Population
Oklahoma	2.24%
Alaska	2.17%
North Dakota	2.13%
Montana	1.95%
Missouri	1.51%
Arizona	1.39%
District of Columbia	1.13%
Nevada	0.94%

While child count numbers in Missouri fluctuate from month to month and have increased over the past several years, the percentage served has leveled off to approximately 1.60% to 1.70% of the population in the last 18 months. While national percentages have declined, Missouri's percentage has increased based on estimated population totals.

Active Infants and Toddlers with an IFSP in Comparison to Census Total as of 6/30/2004

SPOE Regions		Total Active	< 3 yrs Census Total	Active IFSP % of pop.	2002-03 % of pop.	Change	Adjusted Total *			
							Children Withdrawn by Parent*	Adj. IFSP Total	< 3 yrs Census Total	Adj. IFSP % of pop.
St. Louis (Region #2)	Urban	935	51,701	1.81%	1.86%	-0.05%	92	1,027	51,701	1.99%
St. Charles (Region #1)	Urban	249	12,770	1.95%	2.14%	-0.19%	34	283	12,770	2.22%
Atchison area (Region #4)	Rural	19	1,923	0.99%	1.14%	-0.15%	3	22	1,923	1.14%
Platte/Clay/Ray (Region #6)	Near Urban	242	11,888	2.04%	1.84%	0.20%	9	251	11,888	2.11%
Andrew (St. Joseph) (Region #5)	Rural	106	5,317	1.99%	1.60%	0.39%	6	112	5,317	2.11%
SE MO (Region #7, 21, 23)	Rural	204	15,796	1.29%	1.12%	0.17%	36	240	15,796	1.52%
Kirksville (Region #8)	Rural	39	2,632	1.48%	1.22%	0.26%	4	43	2,632	1.63%
Kansas City (Region #9)	Urban	432	27,839	1.55%	1.48%	0.07%	19	451	27,839	1.62%
Sedalia (Region #10)	Rural	74	6,380	1.16%	1.07%	0.09%	16	90	6,380	1.41%
Columbia (Region #11)	Small Urban	179	9,498	1.88%	1.70%	0.18%	5	184	9,498	1.94%
SW MO (Region #12, 14, 15)	Rural	304	19,837	1.53%	1.04%	0.49%	35	339	19,837	1.71%
Springfield (Region #13)	Small Urban	239	13,695	1.75%	1.79%	-0.04%	21	260	13,695	1.90%
Jefferson City (Region #16)	Rural	111	5,872	1.89%	1.43%	0.46%	13	124	5,872	2.11%
Camdenton/Rolla (Region #17)	Rural	71	6,316	1.12%	1.09%	0.03%	17	88	6,316	1.39%
Union (Region #19)	Rural	83	4,408	1.88%	1.70%	0.18%	16	99	4,408	2.25%
Cuba (Region #20)	Rural	29	2,408	1.20%	1.29%	-0.09%	8	37	2,408	1.54%
S Central MO / West Plains (Region #18, 22)	Rural	54	6,554	0.82%	0.67%	0.15%	10	64	6,554	0.98%
N Central MO (Region #24)	Rural	21	2,066	1.02%	1.16%	-0.14%	3	24	2,066	1.16%
Shelby (Region #25)	Rural	33	2,080	1.59%	1.39%	0.20%	5	38	2,080	1.83%
Montgomery City (Region #26)	Rural	75	3,602	2.08%	1.39%	0.69%	12	87	3,602	2.42%
Jefferson County (Region #3)	Near Urban	201	8,486	2.37%	2.45%	-0.08%	25	226	8,486	2.66%
Total		3,700	221,068	1.67%	1.57%	0.10%	389	4,089	221,068	1.85%

* - Children Withdrawn by Parent represents the number of children who had an IFSP but were withdrawn from the First Steps program by their parent; to be counted in this total, the child also had to be less than three years old as of 6/30/2004. The Adjusted IFSP Total is the sum of children with active IFSPs as of 6/30/2004 and the total children withdrawn by parent.

Data show that the majority of SPOE regions have increased the number of children served in the First Steps program. Based on data reviews that began in January 2005, consultants are contacting SPOEs with the lowest percentages served to identify causes for low child count and develop, in cooperation with LICCs and RICCs, a plan for targeted child find activities with referral sources that demonstrate low referral rates. In addition to child count numbers, the above table provides an adjusted total which takes into account children who had been withdrawn from the program after being determined eligible. This adjusted total demonstrates that more children are being located through the program than the child count numbers alone indicate.

Active Infants and Toddlers by Race/Ethnicity

Race	Active IFSPs, 6/30/04	MO Population (0-2 years old)*	Percent of Total IFSPs	Percent of Total Population	IFSP % of MO Population by Race, 6/30/04	IFSP % of MO Population by Race, 6/30/03
American Indian or Alaska Native	13	931	0.35%	0.43%	1.40%	0.54%
Asian/Pacific Islander	69	2,650	1.86%	1.21%	2.60%	2.68%
Black, African American (Not Hispanic)	464	30,392	12.54%	13.92%	1.53%	1.50%
Hispanic/Latino	127	8,749	3.43%	4.01%	1.45%	1.18%
White (Not Hispanic)	3,027	175,567	81.81%	80.43%	1.72%	1.62%
Grand Total	3,700	218,289	100.00%	100.00%		

* Population from 2000 Census

Data show more consistent percentages of the population served by race compared to last year. This demonstrates that children from all races are being identified and evaluated for the program.

Referrals and Eligibility Rate by Race

Race	7/1/2003 to 6/30/2004			Elig. Rate, 2002-03	Change
	FY'04 Referrals	Received IFSPs	Elig. Rate, 2003-04		
American Indian or Alaska Native	12	11	91.67%	71.43%	+20.24%
Asian/Pacific Islander	76	54	71.05%	15.22%	+55.83%
Black, African American (Not Hispanic)	664	353	53.16%	58.98%	-5.82%
Hispanic/Latino	190	118	62.11%	56.88%	+5.23%
White (Not Hispanic)	4,302	2,394	55.65%	61.29%	-5.64%
Grand Total	5,244	2,930	55.87%	56.85%	-0.98%

Eligibility rates by race continue to be fairly consistent across races, especially for the races with the largest populations. Again, this demonstrates that children from all races are being identified and are entering the program in similar proportions. Note: The totals exclude children with unknown race who never received an IFSP.

Count of Referral Sources - All Children Under 3 Years of Age who Received IFSPs

Source	6/30/2004	%	6/30/2003	%	Change
Child Care program/provider	213	5.76%	374	10.76%	-5.00%
Dept. of Health and Senior Services (DHSS)	4	0.11%	2	0.06%	+0.05%
Dept. of Mental Health (DMH)	367	9.92%	926	26.63%	-16.71%
Head Start / Early Head Start	160	4.32%	150	4.31%	+0.01%
Hospital (other than NICU)	296	8.00%	93	2.67%	+5.33%
Missouri School for the Blind (MSB)	2	0.05%	5	0.14%	-0.09%
Missouri School for the Deaf (MSD)	7	0.19%	0	0.00%	+0.19%
Neonatal Intensive Care Unit (NICU)	280	7.57%	49	1.41%	+6.16%
Other health care provider	68	1.84%	56	1.61%	+0.23%
Other LEA program	121	3.27%	453	13.03%	-9.76%
Parent	1,193	32.24%	385	11.07%	+21.17%
Physician (MD, DO, Psychiatrist, Psychologist)	366	9.89%	342	9.84%	+0.06%
Public Health facilities/providers	13	0.35%	5	0.14%	+0.21%
Parents as Teachers	262	7.08%	81	2.33%	+4.75%
Social Service Agency (inc. DFS)	130	3.51%	63	1.81%	+1.70%
Other Referral Source	218	5.89%	493	14.18%	-8.29%
Total	3,700		3,477		

There was a large increase in percent of referrals from parents and the Parents as Teachers program as well as NICUs/hospitals. These are the sources from which the largest number of referrals was expected, so the increase in these referrals demonstrates that there is appropriate public awareness of the program.

Percent of Children Referred and Found Eligible

SPOE Region	7/1/2003 to 6/30/2004			Elig. Rate, 2002-03	Change
	Referrals	Received IFSPs	Elig. Rate, 2003-04		
St. Louis (Region 2)	1,725	682	39.54%	50.88%	-11.34%
St. Charles (Region 1)	387	183	47.29%	50.23%	-2.94%
Other Phase 1 SPOEs (Regions 4, 5, 6)	461	297	64.43%	70.64%	-6.21%
Kansas City (Region 9)	719	371	51.60%	56.61%	-5.01%
Springfield (Region 13)	334	199	59.58%	66.06%	-6.48%
Jefferson County (Region 3)	285	150	52.63%	46.67%	+5.96%
Other Phase 2 SPOEs	2,077	1,048	50.46%	49.15%	+1.31%
Grand Total	5,988	2,930	48.93%	53.47%	-4.54%

Eligibility rates are relatively consistent across SPOEs, with the exception of the larger Phase 1 SPOEs. Those SPOEs have since been rebid, and the new contract requires that the SPOEs establish a Regional Interagency Coordinating Council (RICC). Roles of the RICC include assisting the SPOE with public awareness, child find, and establishing a target child count. The target child count will then be used to evaluate the SPOEs on performance standards.

From April 2004 First Steps Family Survey

Q5: It was easy to learn about First Steps, to find out if my child was eligible for services, and to obtain the early intervention services that are needed for my child and family.

	#	%	State Total	by SPOE: St. Louis (Reg. #2)	All Other SPOEs
Strongly Agree	455	33.07%	83.07%	75.71%	86.00%
Agree	688	50.00%			
Disagree	170	12.35%	16.93%	29.29%	14.00%
Strongly Disagree	63	4.58%			
Total	1376			N=354	N=957

Family survey data show that there is some variance in agreement with the statement that it was easy to learn about First Steps however this survey data includes many parents who have been in the system for more than two years. The most significant disagreement with this question came from the original St. Louis SPOE which has since been re-bid, and is now under new management. In addition to the change in contractors, the new contract requires establishment of Regional Interagency Coordinating Councils (RICC) which assist the SPOEs in public awareness and child find activities. A more positive response to this question is expected on future surveys.

Child Complaint Data

There were no child complaints in this area during 2003-04.

Future Plans for Data Collection

- Provider and LEA surveys will indicate if providers or LEAs are finding potentially eligible children who had not been referred to the program. A provider survey is currently in development and is planned to be distributed in Spring 2005. The LEA survey is planned to be developed and distributed in Summer/Fall of 2005.
- The webSPOE system will include much more rich and comprehensive data on referrals and application of eligibility criteria. Expected implementation is Spring/Summer 2005.

The Division is currently working with the Department of Health and Senior Services' Birth Defects Registry to attempt to determine an appropriate incidence rate for Missouri. This effort, combined with the following, suggest that Missouri is in compliance with child find requirements:

- Missouri's child count was consistently growing, but has now reached a plateau
- Referral source data suggests that the public is aware of the program
- Eligibility and participation data is relatively consistent across races and SPOEs
- RICCs have been established in Phase 1 SPOEs to assist with child find and public awareness and will likely be established in other areas when the rest of the state is rebid

2. Targets (for reporting period July 1, 2003 through June 30, 2004):

The target established in conjunction with the Improvement Plan (7/1/2003) for December 2003 child count was 1.55%. Additional targets were included for future years, however, the numerical targets have been removed.

3. Explanation of Progress or Slippage (for reporting period July 1, 2003 through June 30, 2004):

From DESE's October 31, 2004 response to OSEP

- **Child Find**

Since Missouri has a restrictive eligibility criteria (50% delay), many children referred to the SPOEs are found to be ineligible. Missouri child find data continues to show that same trends as was reported in the APR. The three (3) new Phase I SPOEs will have initial Regional Interagency Coordinating Council (RICC) meetings during November. Targeted child find plans are required to be developed by the SPOE in consultation with the RICC. In addition to the information reported in the Annual Performance Report (APR), Missouri currently has a RFP out for bid to have a statistical analysis of the census data, Missouri First Steps Eligibility Criteria, Birth Defects registry, and Newborn hearing data to determine an appropriate incidence rate for Missouri based upon our current eligibility criteria.

When Missouri redesigned the Part C system from 1997-2001, it undertook a significant statewide child find training effort by educating primary referral sources on eligibility requirements and referral procedures. Referral source data suggests that the public is aware of the program and eligibility and participation data is relatively consistent across races and SPOEs. Most of Missouri's child find efforts occur at the regional level. Specific activities include maintenance of SPOE-Hospital/NICU relationships, targeted child find activities at the RICC and SPOE/LICC level through data analysis assisted by First Steps Consultants.

DESE received during 2003-2004 information indicating statewide concern with the quality of referrals received from Parent Educators. Actions to address this concern are described below. Additionally, specific concerns identified regarding Parent Educators in SPOE regions are addressed through collaborative efforts coordinated by the First Steps Consultants.

Finally, in 2004-2005, the CSPD committee will convene to examine areas where training is needed, considering primary referral source training needs in particular. Needs identified will be addressed during FY06.

Report on the RICC meetings from Phase 1

The St. Louis County SPOE has been having monthly RICC meetings. The initial focus has been the proposed changes in First Steps/budget issues as well as getting established as a group. Discussion included initiating public awareness activities, developing a family resource guide to access services available in the community regarding assistive technology, Social Services and support groups, and evaluating and making recommendations regarding child find activities. In regard to child find, they have been concentrating efforts in educating the local school districts, hospitals, PAT offices and community agencies (i.e. Head Start programs) with information about First Steps, the changes to the SPOE region and having in-depth conversations with these entities about eligibility criteria and making appropriate referrals.

The Northwest SPOE's RICC and LICCs have primarily focused on the possible changes to and advocacy for the First Steps program. Child find efforts include contacting community members and distributing flyers in baby bags that go home with each new baby born in the larger city area.

The Greater St. Louis SPOE's RICC also has been focusing on advocacy concerning the program. In addition, child find is being done through education of referral sources such as PAT, NICU staff, newborn follow-up clinics, schools for deaf education, ECSE departments, pediatrician and medical clinic offices, visibilities at conferences/seminars focusing on children's needs or needs of those with disabilities or developmental delay, child care/development centers, Early Head Start programs/DFS offices, adoption agencies, resource tables at child care fairs, and presentations at support groups for children with disabilities or special needs.

Interagency Work

The Department of Mental Health (DMH) interagency agreement requires Regional Centers to assist with child find. Discussions are currently underway with the Department of Health and Senior Services (DHSS) regarding a memorandum of understanding regarding CAPTA referrals. Discussions are also underway with DHSS regarding revision to the interagency agreement and revised activities regarding the newborn hearing screening program.

Parents as Teachers (PAT)

Three activities will be completed in 2004-05 with regard to improving the quality of referrals from PAT parent educators to the Part C system.

DESE will fund 50 scholarships for parent educators to attend the Parents as Teachers National Center's training on Supporting Families of Children with Special Needs. Over the years, many districts and parent educators have participated in this training, which includes information or presentation from Part C personnel on making quality referrals to the Part C system.

DESE and the PATNC will collaborate to update and disseminate PAT's Missouri Resource Packet, which includes written resource materials on appropriate referrals to Part C, the Part C eligibility criteria, and Part C philosophy.

Finally, DESE will use SIG funds to bring together a workgroup of stakeholders in the Part C and Early Childhood Special Education (ECSE) systems to revise and expand the Part C Transition training, so that it better encompasses and addresses children's transition from Part C services to ECSE or community-based services. This training will be placed online and made available for parents, community-based service personnel (child care centers, preschools), school staff (ECSE, Title I, PAT), and administrative parenting entities (MPACT, Early Head Start, Practical Parenting Partnership).

4. Projected Targets:

- All eligible infants and toddlers will be identified, including those in hard to reach and historically underserved populations
- Work with DHSS Birth Defects Registry to determine appropriate participation for Missouri's children with diagnosed medical conditions

5 & 6. Future Activities to Achieve Projected Targets/Results and Projected Timelines and Resources:

New Cluster/ Probe	Future Activities to Achieve Projected Targets (5)	Projected Targets/ Evidence of Change (4)	Projected Timelines (6)	Resources (6)
CC.I CC.II	Meet with DHSS, DSS/DMS, DMH to revise interagency agreement	An updated agreement	2004-05	DSE
CC.I CC.II	Public Awareness/Child Find	Referrals to IFSP percentage of 80% or higher	Ongoing	EP, Data, RICCs
CC.I CC.II	Target specific racial/ethnic groups to promote referrals from diverse populations	Referrals consistent with racial demographics	Ongoing	Data, SPOEs, RICCs
CC.I CC.II	Activities to target critical referral sources (medical, PAT, etc.)	Referrals consistent with DHSS Birth Defects Report	Ongoing	EP, RICCs
CC.I CC.II	General supervision data review and referrals to consultants	Consistent percentages served across all regions	Ongoing	DSE
CC.I CC.II	Establish RICCs in conjunction with SPOE rebid	RICCs established in all regions and assurance of the identification of all eligible infants and toddlers	2004-05	DSE

CC.II The percentage of eligible infants with disabilities under the age of one that are receiving Part C services is comparable with state and national data.

1. Baseline/Trend Data and Analysis (for reporting period July 1, 2003 through June 30, 2004):

Percent of Missouri Infants and Toddlers under Age 1 with IFSPs*

December 1, 2002	0.48%
June 30, 2003	0.63%
December 1, 2003	0.61%
June 30, 2004	0.72%
December 1, 2004	0.71%

* As percent of 2000 Population Census

National Comparison Ages Birth to 1

	Percent Served*
Missouri (December 1, 2002)	0.57%
National (December 1, 2002)	0.99%
Missouri (December 1, 2003)	0.61%
National (December 1, 2003)	0.91%

Source: US DOE, OSEP, Data Analysis System

* As percent of 2002 and 2003 population estimates

Active Infants and Toddlers under 1 year of age with an IFSP in Comparison to Census Total as of 6/30/2004

SPOE Regions		Total Active	< 1 yr Census Total	Active IFSP % of pop.	2002-03 % of pop.	Change	Adjusted Total *			
							Children Withdrawn by Parent*	Adj. IFSP Total	< 1 yr Census Total	Adj. IFSP % of pop.
St. Louis (Region #2)	Urban	90	16,773	0.54%	0.67%	-0.13%	11	101	16,773	0.60%
St. Charles (Region #1)	Urban	36	4,109	0.88%	0.85%	0.00%	3	39	4,109	0.95%
Atchison area (Region #4)	Rural	1	650	0.15%	0.62%	-0.47%	0	1	650	0.15%
Platte/Clay/Ray (Region #6)	Near Urban	41	3,879	1.06%	0.77%	0.29%	0	41	3,879	1.06%
Andrew (St. Joseph) (Region #5)	Rural	10	1,789	0.56%	0.67%	-0.11%	1	11	1,789	0.61%
SE MO (Region #7, 21, 23)	Rural	36	5,238	0.69%	0.61%	0.08%	6	42	5,238	0.80%
Kirksville (Region #8)	Rural	9	820	1.10%	0.85%	0.25%	0	9	820	1.10%
Kansas City (Region #9)	Urban	69	9,391	0.73%	0.52%	0.21%	6	75	9,391	0.80%
Sedalia (Region #10)	Rural	11	2,125	0.52%	0.19%	0.33%	2	13	2,125	0.61%
Columbia (Region #11)	Small Urban	24	3,111	0.77%	1.03%	-0.26%	0	24	3,111	0.77%
SW MO (Region #12, 14, 15)	Rural	50	6,456	0.77%	0.51%	0.26%	3	53	6,456	0.82%
Springfield (Region #13)	Small Urban	39	4,645	0.84%	0.60%	0.24%	2	41	4,645	0.88%
Jefferson City (Region #16)	Rural	16	1,940	0.82%	0.67%	0.15%	3	19	1,940	0.98%
Camdenton/Rolla (Region #17)	Rural	12	2,143	0.56%	0.61%	-0.05%	3	15	2,143	0.70%
Union (Region #19)	Rural	18	1,422	1.27%	0.49%	0.78%	4	22	1,422	1.55%
Cuba (Region #20)	Rural	3	804	0.37%	0.50%	-0.13%	5	8	804	1.00%
S Central MO / West Plains (Region #18, 22)	Rural	11	2,133	0.52%	0.47%	0.05%	0	11	2,133	0.52%
N Central MO (Region #24)	Rural	5	670	0.75%	0.30%	0.45%	0	5	670	0.75%
Shelby (Region #25)	Rural	6	708	0.85%	0.56%	0.29%	0	6	708	0.85%
Montgomery City (Region #26)	Rural	14	1,172	1.19%	0.94%	0.25%	1	15	1,172	1.28%
Jefferson County (Region #3)	Near Urban	26	2,864	0.91%	0.70%	0.21%	3	29	2,864	1.01%
Total		527	72,842	0.72%	0.63%	0.09%	53	580	72,842	0.80%

* - Children Withdrawn by Parent represents the number of children who had an IFSP but were withdrawn from the First Steps program by their parent; to be counted in this total, the child also had to less than one year old as of 6/30/2004. The Adjusted IFSP Total is the sum of children with active IFSPs and <1 year old as of 6/30/2004 and the total children withdrawn by parent and <1 year old as of 6/30/2004.

The percentage of infants under the age of one has increased slightly over the last year. SPOEs with the smallest percentages served tend to be the SPOEs with the smallest populations. Adjusting the totals to account for infants who had been withdrawn from the program increases the percentage served to 0.80%.

Count of Referral Sources - Children with Active IFSPs and Referral Dates before their first birthday

Source	6/30/2004	%	6/30/2003	%	Change
Child Care program/provider	90	4.32%	75	5.76%	-1.43%
Dept. of Health and Senior Services (DHSS)	4	0.19%	4	0.31%	-0.11%
Dept. of Mental Health (DMH)	309	14.85%	378	29.01%	-14.16%
Head Start / Early Head Start	115	5.53%	82	6.29%	-0.77%
Hospital (other than NICU)	208	10.00%	68	5.22%	4.78%
Missouri School for the Blind (MSB)	1	0.05%	1	0.08%	-0.03%
Missouri School for the Deaf (MSD)	6	0.29%	0	0.00%	0.29%
Neonatal Intensive Care Unit (NICU)	279	13.41%	62	4.76%	8.65%
Other health care provider	25	1.20%	5	0.38%	0.82%
Other LEA program	92	4.42%	112	8.60%	-4.17%
Parent	391	18.79%	115	8.83%	9.96%
Physician (MD, DO, Psychiatrist, Psychologist)	240	11.53%	141	10.82%	0.71%
Public Health facilities/providers	3	0.14%	0	0.00%	0.14%
Parents as Teachers	48	2.31%	13	1.00%	1.31%
Social Service Agency (inc. DFS)	101	4.85%	55	4.22%	0.63%
Other Referral Source	169	8.12%	192	14.74%	-6.61%
Total	2,081		1,303		

Similar to data reported under CC.I, there were increases in percent of referrals from parents and the Parents as Teachers program as well as NICUs/hospitals. These are the sources from which the largest number of referrals was expected, especially for those infants under the age of one, so the increase in these referrals demonstrates that there is appropriate public awareness of the program.

2. Targets (for reporting period July 1, 2003 through June 30, 2004):

The target established in conjunction with the Improvement Plan (7/1/2003) for December 2003 child count was 0.65%. Additional targets were included for future years, however, the numerical targets have been removed.

3. Explanation of Progress or Slippage (for reporting period July 1, 2003 through June 30, 2004):

See the Explanation of Progress or Slippage for CC.I.

4. Projected Targets:

- All eligible infants and toddlers will be identified, including those in hard to reach and historically underserved populations
- Work with DHSS Birth Defects Registry to determine appropriate participation for Missouri's children with diagnosed medical conditions

5 & 6. Future Activities to Achieve Projected Targets/Results and Projected Timelines and Resources:

See CC.I

Cluster Area CIII: Family Centered Services (CF)

Question: Do family supports, services and resources increase the family's capacity to enhance outcomes for infants and toddlers and their families?

State Goal (for reporting period July 1, 2003 through June 30, 2004):

- Families' capacity to enhance outcomes for infants and toddlers is increased through participation in First Steps

Performance Indicators (for reporting period July 1, 2003 through June 30, 2004):

- The percentage of families reporting that services provided by First Steps and other providers increased their ability to meet their children's needs will increase.

1. Baseline/Trend Data and Analysis (for reporting period July 1, 2003 through June 30, 2004):

From April 2004 First Steps Family Survey

Q6: When my child was first evaluated, all concerns about my child's development raised by me and others were addressed.

	#	%	
Strongly Agree	673	48.84%	
Agree	672	48.77%	97.61%
Disagree	23	1.67%	
Strongly Disagree	10	0.73%	2.39%
Total	1378		

Q8: I feel the service coordinator and the early intervention providers listen to me and respect me.

	#	%	
Strongly Agree	830	59.93%	
Agree	518	37.40%	97.33%
Disagree	27	1.95%	
Strongly Disagree	10	0.72%	2.67%
Total	1385		

Q10: In creating our IFSP, I am asked about areas where our family felt things are fine and where we felt we need help.

	#	%	
Strongly Agree	749	55.07%	98.75%
Agree	594	43.68%	
Disagree	12	0.88%	1.25%
Strongly Disagree	5	0.37%	
Total	1360		

Q13: Since being part of First Steps, I know how to work with professionals and advocate for what my child needs.

	#	%	
Strongly Agree	530	40.61%	93.26%
Agree	687	52.64%	
Disagree	75	5.75%	6.74%
Strongly Disagree	13	1.00%	
Total	1305		

Q20: The information and help my family receive through First Steps has made our family better off.

	#	%	
Strongly Agree	784	59.08%	97.44%
Agree	509	38.36%	
Disagree	28	2.11%	2.56%
Strongly Disagree	6	0.45%	
Total	1327		

From Monthly First Steps Family Exit Survey (initiated in August 2004)

Q15: First Steps helped my family and my child's caregivers increase our confidence and competence.

	#	%	
Strongly Agree	124	46.79%	95.09%
Agree	128	48.30%	
Disagree	10	3.77%	4.91%
Strongly Disagree	3	1.13%	
Total	265		

Since August 2004, family exit surveys are being sent monthly to families that exited First Steps six months prior. 835 surveys were sent out between August 2004 and January 2005. Total surveys returned as of February 23, 2005, was 281 resulting in an approximate return rate of 33.6%. Results displayed in this report do not include "I Do Not Know," "Does Not Apply," or non-responses.

Family survey data show high levels of agreement with questions dealing with increased family capacity.

Child Complaint Data

There were no child complaints in this area during 2003-04.

Future Plans for Data Collection

- Data collection from IFSP Quality Indicators will show the extent that family concerns/priorities/resources are related to outcomes and services. Collection and use of data from the Quality Indicators scheduled to begin Summer 2005
- Database to compile informal issues regarding SPOEs, providers, agencies, etc. Database scheduled to be in place by Spring 2005
- The webSPOE system will include data from the family assessment which can then be linked to outcomes and services. The new system is scheduled to be implemented in Spring/Summer of 2005
- The provider surveys will ask questions about increasing family capacity to enhance outcomes as well as the provision of family-centered vs. child-centered services. Surveys are currently in development with distribution date in Spring 2005.

2. Targets (for reporting period July 1, 2003 through June 30, 2004):

- Develop and implement a family survey to assess the family's capacity to enhance outcomes.
- Develop and implement a follow-up survey to assess the family's capacity to enhance outcomes.

3. Explanation of Progress or Slippage (for reporting period July 1, 2003 through June 30, 2004):

The Family Survey was completed and implemented in April 2004 and is scheduled to be distributed again in Spring 2005. The exit survey was implemented in August 2004 and is being sent out monthly to families six months after exiting First Steps.

Business rules associated with the webSPOE software will ensure that family needs are identified, that all appropriate services are provided and will encourage services that are family-centered rather than direct service to the child only.

IFSP Quality Indicators were developed and finalized during 2004-05 and emphasize family-centered services by examining linkages between the family's concerns, priorities and resources and outcomes and services. The Quality Indicators can be found online at <http://www.dese.mo.gov/divspeced/FirstSteps/pdfs/MOIFSPRateScale.pdf>.

4. Projected Targets:

- 95% of families agree/strongly agree with survey questions associated with increasing family capacity to enhance outcomes
- Quality Indicators data show a high degree of correlation between family concerns/priorities/resources and outcomes and services
- Additional projected targets are in the Future Activities tables.

5 & 6. Future Activities to Achieve Projected Targets/Results and Projected Timelines and Resources:

New Cluster/ Probe	Future Activities to Achieve Projected Targets (5)	Projected Targets/ Evidence of Change (4)	Projected Timelines (6)	Resources (6)
CF	Finalize family exit survey and analyze survey results	Surveys indicate increased family capacity	Ongoing	EP, Data, Comp
CF	Develop and implement IFSP Quality Indicators	High percentage of IFSPs are scored as quality in regards to the linkages between family concerns/priorities and outcomes/services	2004-05	EP

Cluster Area CIV: Early Intervention Services in Natural Environments (CE)

Question: Are early intervention services provided in natural environments meeting the unique needs of eligible infants and toddlers and their families?

Probes:

- CE.I Do all families have access to a Service Coordinator that facilitates ongoing, timely early intervention services in natural environments?
- CE.II Does the timely evaluation and assessment of child and family needs lead to identification of all child needs, and the family needs related to enhancing the development of the child?
- CE.III Do IFSPs include all the services necessary to meet the identified needs of the child and family? Are all the services identified on IFSPs provided?
- CE.IV Are children receiving services primarily in natural environments? If not, do children have IFSPs that justify why services are not provided in natural environments?
- CE.V What percentage of children, participating in the Part C program, demonstrate improved and sustained functional abilities? (Cognitive development; physical development, including vision and hearing; communication development; social or emotional development; and adaptive development.)

State Goals (for reporting period July 1, 2003 through June 30, 2004):

- The percentage of children served by First Steps providers in natural environments will increase
- The number of First Steps families who participate in other existing community resources will increase
- The performance of children who receive First Steps early intervention services will increase on the School Entry Profile

Performance Indicators (for reporting period July 1, 2003 through June 30, 2004):

- CE.I All families have access to a Service Coordinator that facilitates ongoing, timely early intervention services in natural environments.
- CE.II The timely evaluation and assessment of child and family needs lead to identification of all child needs, and the family needs related to enhancing the development of the child.
- CE.III IFSPs include all the services necessary to meet the identified needs of the child and family. All the services identified on IFSPs are provided.
- CE.IV If children are not receiving services primarily in natural environments, these children have IFSPs that justify why services are not provided in natural environments.
- CE.V Children, participating in the Part C program, demonstrate improved and sustained functional abilities. (Cognitive development; physical development, including vision and hearing; communication development; social or emotional development; and adaptive development.)

CE.I All families have access to a Service Coordinator that facilitates ongoing, timely early intervention services in natural environments.**1. Baseline/Trend Data and Analysis (for reporting period July 1, 2003 through June 30, 2004):**

In Missouri, intake coordinators provide service coordination to every family from referral through the development of the initial IFSP. Intake coordinators are employed by System Points of Entry (SPOEs) that cover regions of the state, made up of one or more counties. Service coordination responsibilities are then transferred to an ongoing service coordinator after the initial IFSP meeting. Since July 2004, in Phase 1 SPOEs, ongoing service coordinators are also employed by the SPOEs or are service coordinators for the Department of Mental Health (DMH). In Phase 2, the ongoing service coordinators are either independent or are service coordinators for DMH.

The 2002-03 APR indicated that there were 25 children without a service coordinator or an authorization for service coordination in the data system. These were found to be data entry omissions, and SPOEs have been contacted to update service coordinator data as needed. There is no indication that there are currently any children who do not have a service coordinator.

In defining Missouri's system of general supervision, the following service coordination requirements, indicators and mechanisms for monitoring were outlined:

Federal Regulations Require:

- Assist parents of eligible children in gaining access to the early intervention (EI) services and other services identified in the IFSP.
- Coordinate the provision of EI services and other services (such as medical services for other than diagnostic and evaluation purposes) that the child needs or is being provided.
- Facilitate the timely delivery of available services
- Seek the appropriate services and situations necessary to benefit the development of each child being served for the duration of the child's eligibility.

Specific service coordination activities listed in Regulations:

- Coordinate the performance of evaluations and assessments
- Facilitate and participate in the development, review, and evaluation of IFSPs
- Assist families in identifying available service providers
- Coordinate and monitor the delivery of available services
- Inform families of the availability of advocacy services
- Coordinate with medical and health providers
- Facilitate the development of a transition plan to preschool services, if appropriate

Compliance indicators related to ongoing Service Coordinators:

- Parental consent for exchange of personally identifiable information
- Prior written notice and consent
- Written notification of IFSP meetings
- IFSP content
- Transition planning
- Timely IFSP meetings

Mechanisms in place for Service Coordinator monitoring/oversight:

- In place during 2003-04
 - Child complaint and due process system
 - Credential requirements for enrollment
 - Parent survey
 - Provider agreements require adherence to state and federal statute and regulations
- Implemented during 2004-05
 - Informal issues system – including billing complaints
 - New SPOE contracts include additional responsibilities for ongoing service coordination, including standards for quality IFSPs
 - Regularly scheduled reviews of pertinent data reports
 - Monitor compliance indicators for Intake as well as ongoing Service Coordinators (SPOE and DMH) in February/March 2005 (in Phase 1, Regions 2 and 4) and in summer 2005 (in Region 1). Independent and DMH ongoing service coordinators will be monitored in conjunction with Phase 2 follow-up monitoring in summer 2005. Corrective actions for non-compliance will be required.
 - SPOEs are required to report reasons for exceeding 45 day timelines on a monthly basis. First Steps Regional Consultants and on-site monitoring visits are verifying the accuracy of these reports and ensuring the provision of compensatory services as appropriate.
- To be implemented during 2005-06
 - New webSPOE will keep service coordinators and SPOE administrators aware of upcoming timelines and meeting due dates, as well as documentation of consents
 - IFSP Quality Indicators Review – pilot for Phase 1 SPOEs will address service coordination expectations that fall under quality measures as opposed to compliance indicators

From April 2004 First Steps Family Survey

Q5: It was easy to learn about First Steps, to find out if my child was eligible for services, and to obtain the early intervention services that are needed for my child and family.

	#	%	State Total	by SPOE: St. Louis (Reg. #2)	by SPOE: SE MO (Reg. #7, 21, 23)	All Other SPOEs
Strongly Agree	455	33.07%	83.07%	75.71%	80.00%	86.00%
Agree	688	50.00%				
Disagree	170	12.35%	16.93%	24.29%	20.00%	14.00%
Strongly Disagree	63	4.58%				
Total	1376			N=354	N=65	N=957

Q11: Our family routinely uses the help of our service coordinator.

	#	%	State Total	by SPOE: Jeff. City (Reg. #16)	by SPOE: St. Joseph (Reg. #5)	by SPOE: Sedalia (Reg. #10)	by SPOE: St. Louis (Reg. #2)	By SPOE: St. Charles (Reg. #1)	All Other SPOEs
Strongly Agree	306	23.78%	74.67%	63.33%	67.65%	68.00%	70.78%	73.55%	77.58%
Agree	655	50.89%							
Disagree	275	21.37%	25.33%	36.67%	32.35%	32.00%	29.22%	26.45%	22.42%
Strongly Disagree	51	3.96%							
Total	1287			N=30	N=34	N=25	N=332	N=121	N=745

Q12: Our service coordinator helps my family, in a timely way, get the services we need.

	#	%	State Total	by SPOE: S. Cen MO (Reg. #18,22)	by SPOE: St. Joseph (Reg. #5)	All Other SPOEs
Strongly Agree	576	44.00%	90.45%	83.33%	85.29%	90.66%
Agree	608	46.45%				
Disagree	91	6.95%	9.55%	16.67%	14.71%	9.34%
Strongly Disagree	34	2.60%				
Total	1309			N=12	N=34	N=1263

The largest number of surveys indicating disagreement for Question 11: "Our family routinely uses the help of our service coordinator," were seen in the St. Louis and St. Charles SPOE regions. Both of these SPOEs are now under a new contract which makes the SPOE responsible for intake and ongoing service coordination. Preliminary results of the new contract indicate that service coordination is more consistent under this new contract.

Child Complaints

Of the eleven child complaints filed during 2003-04, there were seven allegations found out of compliance. Three involved the SPOEs not meeting the 45 day timelines for evaluation and the initial IFSP meeting. All of these were from the St. Louis SPOE which has since been awarded to a new contractor. Three allegations involved failure to implement the IFSP and one involved not meeting transition requirements.

Future Plans for Data Collection

- Informal issues collection
- webSPOE system will enforce timelines for evaluation and six month and annual reviews
- Data from monitoring of service coordinators beginning February/March 2005

2. Targets (for reporting period July 1, 2003 through June 30, 2004):

- All families have access to a Service Coordinator that facilitates ongoing, timely early intervention services in natural environments.

3. Explanation of Progress or Slippage (for reporting period July 1, 2003 through June 30, 2004):

The new Phase 1 SPOE contract, implemented July 2004, significantly impacts the role of service coordinators in the First Steps system. The function of independent service coordination was pulled in under the SPOEs in Phase 1, essentially making the SPOEs responsible for all aspects of the system. The new web-based software which will be implemented in Summer 2005 is very compliance-driven and will require certain actions to be taken and certain forms to be completed. The majority of evaluation/assessment, eligibility determination and IFSP data will be instantly available to DESE for monitoring and program evaluation purposes.

DESE is holding quarterly meetings with SPOE directors and staff to discuss issues. The Phase 1 SPOEs are holding meetings for SPOE and DMH service coordinators in their regions. First Steps consultants are holding provider and service coordinator meetings. A listserv is utilized to communicate with service coordinators and providers on a regular and as-needed basis

See below for a summary of independent service coordination issues that are addressed by the new Phase 1 SPOE contract.

Independent Service Coordination Issues Addressed by Phase 1 SPOE RFP implemented July 2004

Concerns with Original Implementation:	Changes in Contract for Phase 1 SPOEs (In place July 2004):	Results of New Contract
1. Lack of supervision and accountability	Establishes an employer/employee relationship between the SPOE and the service coordinators. This relationship allows for the necessary oversight of their work (i.e., timely completion of required paperwork) and creates accountability for expected job performance.	SPOEs say that it has been very successful to have the service coordinators employed with the SPOE. Consistency among SPOE service coordinators is a major benefit. Oversight and accountability of the employed service coordinators has greatly increased. There is enhanced reporting to the State of timely work with families and corrective actions for non-compliance issues are spread to all service coordinators immediately
2. Lack of support – no place to obtain support when challenged by parents or providers to include services in the IFSP that the service coordinator believed to be inappropriate for First Steps	By placing the service coordinators under the direct supervision of the SPOE, they will have a network of support to assist them as they explain the First Steps program requirements and limitations to parents and providers.	SPOEs say that it has been helpful for the service coordinators to have administration and a team approach to service coordination in place for support when explaining First Steps philosophy. Consistent teaming support at SPOE yields consistency with families as well as fiscal responsibility. Peer reviewers provide oversight of professional opinion for services and the FS philosophy is emphasized and enhanced with providers.

Concerns with Original Implementation:	Changes in Contract for Phase 1 SPOEs (In place July 2004):	Results of New Contract
3. Lack of consistency across the state	SPOEs directing the process from referral to exiting First Steps at age three will provide a consistent compliant approach to the program. The lead agency will have the ability to provide hands-on assistance and supervision to the SPOEs, resulting in more direct control of the administration aspects of the program.	Technical assistance provided by DESE and First Steps consultants now impacts both intake and ongoing service coordinators for the entire region. SPOEs feel that a support system has been put in place for SPOEs, providers and families. Consistency is crucial in providing this program across the state. Consultants facilitate SPOE consistency with State requirements across regions.
4. Authorizations for services not entered in a timely manner in order for providers to begin services and bill for those services.	SPOE supervision of service coordination will eliminate this concern for SPOE supervised service coordinators. All authorizations for this group of service coordinators will be generated at the SPOE and entered at the SPOE. This leaves only DMH service coordinators for the SPOE to track regarding authorizations entered, however, with the new webSPOE software, the DMH service coordinators will be responsible for the data entry for the authorizations rather than having to send paperwork to the SPOEs for data entry.	Paperwork is expected and turned into the SPOE in a timely manner from SPOE employees. This has greatly decreased the amount of frustrated providers as their authorizations have been entered in a timely manner. Staffing patterns in regions have enabled timely service delivery and data entry for SPOE and DMH service coordinators.
5. SPOE offices have difficulty obtaining the necessary paper documentation required for the child's file.	All paperwork will take place within the SPOE operation and eliminate the need to track a group of independent service coordinators across the region. DMH will be the only outside source for the necessary documents.	Paperwork is expected and turned into the SPOE in a timely manner from SPOE employees. Increased collaboration with DMH has enabled compliant documentation of service delivery.
6. Failure to complete required training	Completion of required training by service coordinators will be easier to monitor with the employee relationship that the new RFP provides. Training is a critical component for consistency and compliance within the system. Tracking and enforcing training requirements has been difficult to manage under the current system. Modifications at the CFO will provide this tracking.	SPOE employees must have all the required training modules prior to being hired. Peer reviewers were required to have all training completed prior to application to be on peer review teams in Region 1. In addition, training is occurring on a regular basis for SPOE employees by SPOE administration. Future training will continue to be provided by the SPOE as well as DESE and the First Steps Regional Consultants.

Concerns with Original Implementation:	Changes in Contract for Phase 1 SPOEs (In place July 2004):	Results of New Contract
7. Costs of service coordination – current system inefficient and lacks control of expenses	<p>Cost for this service will be absorbed in the salary of the employed staff at the SPOE. This will eliminate flat rate charges to the system per child each month regardless of the amount of work completed by the service coordinator for that child/family during that month. It will also create uniform caseloads for service coordinators that will enable more consistent service delivery to the families. Under the current system, service coordinators have the incentive to develop large caseloads in order to increase their income but the system provides no checks to ensure that services to families meet the expectation of the program.</p>	<p>SPOE service coordinators are able to keep their caseloads at a reasonable level. SPOE employees are providing 60% of service coordination and the regional centers are providing approximately 40% of services. Children who appear to have potential life-long needs are being referred to the regional center since they may continue service coordination past three. Efficiencies are being seen due to better consistency in screening calls and accepting appropriate referrals. AT oversight and guidance have reduced costs and inappropriate services.</p>

Based on all of the above information, DESE believes that

- Indicators of effective service coordination have been identified for monitoring purposes
- Mechanisms for monitoring/oversight of service coordination have been in place for some time, and additional pieces will be in place by the end of 2004-05
- The new Phase 1 SPOE contract makes many improvements in service coordination compared to the original independent system
- Regular communications between and among DESE, DMH, SPOEs, service coordinators and providers is improving the system
- While some personnel and indicators will be out of compliance, DESE has a system of general supervision that will identify and correct noncompliance

4. Projected Targets:

- All families have a Service Coordinator
- At least 90% of families will agree/strongly agree with survey questions regarding service coordination
- A system for monitoring ongoing service coordinators will be implemented in Spring 2005
- Additional projected targets are in the Future Activities tables.

5 & 6. Future Activities to Achieve Projected Targets/Results and Projected Timelines and Resources:

See also GS.I and CBT

Cluster/ Probe	Future Activities to Achieve Projected Targets (5)	Projected Targets/ Evidence of Change (4)	Projected Timelines (6)	Resources (6)
CE.I CE.II CE.III CE.IV	Revise service coordination module	Service coordination activities in compliance	2004-05	EP
CE.I CE.II CE.IV	Develop and distribute guidance documents: Group vs. individual services, Eligibility, Release of Information	Service coordination activities in compliance	2004-05	EP, Funds, Comp, Consultants
CE.I	Develop service coordinator and provider surveys to assess training and technical assistance provided by DESE	Revisions made as necessary	2004-05	EP, Comp, Data
CE.I GS.I GS.II	Review data reports regarding service coordination responsibilities	Service Coordination activities in compliance, timely evaluation/assessment and IFSP services	Ongoing	Comp, EP, Data, Consultants
CE.I	Finalize and implement system for monitoring service coordination	Service coordination monitored, noncompliance identified and corrected	Ongoing	Comp, Data
CE.I	Finalize new webSPOE system	webSPOE completed, all service coordinators trained in use	Spring/Summer 2005	CFO, Comp, Data, Funds

CE.II The timely evaluation and assessment of child and family needs lead to identification of all child needs, and the family needs related to enhancing the development of the child.

1. Baseline/Trend Data and Analysis (for reporting period July 1, 2003 through June 30, 2004):

Referrals Exceeding 45 Days in Referral (7/1/2003 to 6/30/2004)

SPOE Region	2003-04 Referrals	Over 45 Days	% (2003-04)	% (2002-03)	Change
St. Louis (Region 2)	1,360	956	70.29%	62.34%	+7.95%
St. Charles (Region 1)	752	46	6.12%	27.23%	-21.11%
Other Phase 1 SPOEs (Regions 4, 5, 6)	461	63	13.67%	26.73%	-13.06%
Kansas City (Region 9)	722	133	18.42%	23.85%	-5.43%
Springfield (Region 13)	335	131	39.10%	39.09%	+0.01%
Jefferson County (Region 3)	285	103	36.14%	43.80%	-7.66%
Other Phase 2 SPOEs	2,083	513	24.63%	29.36%	-4.73%
Grand Total	5,998	1,945	32.43%	44.10%	-11.67%

Source: 1/7/05 superSPOE

Referrals Exceeding 45 Days in Referral (7/1/2004 to 12/31/2004) for New Phase 1 SPOEs

New Phase 1 SPOE Region	Referrals	Over 45 Days	Percent Over 45 Days
St. Louis County (Region 2)	436	68	15.6%
Greater St. Louis (Region 1)	367	54	14.7%
Northwest (Region 4)	189	12	6.3%
Phase 2 Total	1,476	244	16.5%

Source: 2/22/05 superSPOE

In general, the number of referrals exceeding 45 day timelines has been decreasing. One exception was the old St. Louis SPOE which saw a large increase in referrals over timelines. That SPOE was awarded to a new contractor as of July 2004 and the percent of referrals over 45 days has been reduced dramatically. There are still many referrals exceeding timelines, but results are better in the Phase 1 SPOEs under the new contract which includes all service coordination and peer review teams for IFSP development. In addition, the following table shows SPOE-reported reasons for exceeding timelines and it appears that many are due to family/child delays rather than system delays which is permissible under the state and federal regulations.

Reporting on Reasons for Exceeding 45-Day Timelines

Beginning in winter 2005, SPOEs began to report reasons for exceeding 45 day timelines to the Division. SPOEs are to use the following reasons to report the data on a monthly basis:

- Delay due to **SPOE** action – to be used when the delay is due to SPOE actions – i.e. the SPOE does not assign an Intake Coordinator in a timely fashion or Intake Coordinator does not attempt to contact the family in a timely fashion; Intake Coordinator does not return calls from the parent in a timely fashion; Intake Coordinator does not assist with scheduling evaluations/assessments in order to make sure the timelines are

met; Intake Coordinator has received all necessary data but does not complete the eligibility determination or schedule the IFSP in a timely fashion.

- b. Delay due to **parent /child reasons** – to be used when the delay is due to family or child reasons - i.e. The child's evaluation is delayed because of illness or hospitalization; SPOE makes frequent attempts to contact the parent, but parent does not respond or parent responds to the SPOE but not in a timely fashion; parent reschedules evaluations or IFSP meetings for family or child reasons. This is the only acceptable reason under the regulations for exceeding the 45 day timelines.
- c. Delay due to **provider** action – to be used when the delay is due to provider actions – i.e. Delayed evaluations or delivery of evaluation reports
- d. Delay due to **provider unavailability** – to be used when the delay is due to the lack of providers available for evaluation purposes

Preliminary 45 Day Reasons Reporting (as of 2/1/2005)

SPOE	Delay due to SPOE action	Delay due to parent/child reasons	Delay due to provider action	Delay due to provider unavailability	Other (data errors, etc.)	Total
Greater St. Louis (Reg. #1)	5	15	1	2	2	25
St. Louis County (Reg. #2)	5	16	2	0	6	29
Northwest (Reg. #4)	0	1	1	0	0	2
SEMO (Reg. #7, 21, 23)	1	4	2	0	6	13
Kirksville (Reg. #8)	1	1	0	0	0	2
Kansas City (Reg. #9)	2	5	3	3	0	13
Sedalia (Reg. #10)	5	9	4	0	2	20
Columbia (Reg. #11)	1	30	1	1	8	41
Southwest (Reg. #12, 14, 15)	0	7	2	0	0	9
Springfield (Reg. #13)	1	14	3	0	1	19
Jeff City (Reg. #16)	0	7	2	1	0	10
Camdenton/Rolla (Reg. #17)	0	0	3	1	0	4
S Cen MO/W Plains (Reg. #18, 22)	0	6	11	8	0	25
Union (Reg. #19)	2	3	2	0	0	7
N Central MO (Reg. #24)	0	2	0	0	0	2
Shelby (Reg. #25)	0	1	1	0	0	2
Montgomery City (Reg. #26)	1	0	1	1	0	3
Cumulative Total	24	121	39	17	25	226
Percent	10.6%	53.5%	17.3%	7.5%	11.1%	

The Division is in the process of verifying that reported data is accurate, primarily through the Consultants but also when conducting monitoring reviews, however preliminary data show that approximately half of the delays are due to parent or child reasons which is the only acceptable reason of all the above. This monthly process is also resulting in additional data clean-up at the SPOE level. The First Steps consultants are working closely with SPOEs on accurately reporting these data, as well as assisting SPOEs with implementing processes which will eliminate exceeding 45 day timelines.

Child Complaints

There were three child complaints with allegations regarding timelines for referral and evaluations. All were found out of compliance for exceeding the 45 day timelines. All three were in the old St. Louis SPOE which has since been awarded to a new contractor.

Future Plans for Data Collection

- webSPOE system will collect 45 day reasons, expected to be implemented Summer 2005
- Informal issue database, expected to be implemented March 2005
- Service Coordinator and Provider surveys and monitoring regarding timely reports from providers, expected to be implemented in Spring 2005

2. Targets (for reporting period July 1, 2003 through June 30, 2004):

- The timely evaluation and assessment of child and family needs lead to identification of all child needs, and the family needs related to enhancing the development of the child.

3. Explanation of Progress or Slippage (for reporting period July 1, 2003 through June 30, 2004):

From October 31, 2004 response to OSEP

- *45 Day Timelines*

DSE is monitoring the data regarding the 45 day timelines through the monthly SPOE reports. Current statewide and SPOE data reports reflect data that includes acceptable reasons for exceeding timelines. The current data system does not articulate the reasons for timeline delays therefore; disaggregation at a state level for the number of IFSPs that are out of compliance for unacceptable reasons cannot be identified at this time. This data will be available in the revised web based system that will be implemented in the spring of 2005. At that time, the state will be able to produce disaggregated reports which will include acceptable reasons for delays over 45 days and have a clearer picture of non-compliance with the 45 day timeline.

As a part of the Phase II monitoring, a detailed report was prepared for any SPOE that had IFSPs in excess of 45 days. Phase II SPOEs were required to submit the reasons for exceeding the 45 day timeline for each child included on the report. That data is will be compiled during November and December 2004.

The previous St. Louis area SPOE (St. Louis City and St. Louis County) had a major problem with the 45 day timelines. Since it is no longer in operation, the DSE has provided direct technical assistance by phone and on-site to assist the two (2) new SPOEs. Part of the 45 day timeline problem in the previous SPOE was data entry. In some cases, IFSPs had been developed, but not entered into the system. In other cases, children were not eligible and those terminations were never entered into the system. Both of which created an inflated number of referrals going beyond the 45 day timeline.

After July 1, the DSE has provided both the St. Louis County SPOE and the Greater St. Louis SPOE (St. Charles County and St. Louis City) clerical assistance for data entry. Until the data system is updated, state level reports will continue to include inflated numbers. Significant progress in reducing the number of IFSPs exceeding the 45 day timeline is being made.

Eliminating referrals that exceed timelines due to SPOE, system or provider issues is a priority for the Division. Current activities regarding referrals exceeding 45 day timelines include the following:

- Monthly reviews of data regarding referrals exceeding the 45 day timeline
- Collection of reasons for exceeding timelines used for SPOE and provider monitoring
- Consultant deployment to certain SPOEs who are exceeding timelines
- Focus of the on-site monitoring in February/March and June/July 2005
- Corrective action requirements for any SPOEs found out of compliance
- Corrective action monitoring

- Changes to contracts that focus on timely evaluation and assessment

The new Phase 1 SPOE contract calls for the use of a peer review evaluation process. This process utilizes an evaluation team to handle eligibility determination and initial IFSP development. Having these teams available is assisting with the reduction of referrals exceeding timelines.

4. Projected Targets:

- At least 90% of families will agree/strongly agree with survey questions regarding service coordination
- No referrals will exceed 45 day timelines for reasons other than parent/child delays
- Additional projected targets are in the Future Activities tables

5 & 6. Future Activities to Achieve Projected Targets/Results and Projected Timelines and Resources:

See also GS.I and CE.I

Cluster/ Probe	Future Activities to Achieve Projected Targets (5)	Projected Targets/ Evidence of Change (4)	Projected Timelines (6)	Resources (6)
CE.II GS.I GS.II	Review data reports regarding 45 day timelines	SPOEs exceeding 45 day timelines are identified and actions are taken to facilitate correction	Ongoing	Comp, EP, Data, Consultants
CE.II	Establish peer review process for IFSP development	Reduction in referrals exceeding timelines due to provider unavailability or delays	Ongoing	SPOEs

CE.III IFSPs include all the services necessary to meet the identified needs of the child and family. All the services identified on IFSPs are provided.

1. Baseline/Trend Data and Analysis (for reporting period July 1, 2003 through June 30, 2004):

From April 2004 First Steps Family Survey

Q10: In creating our IFSP, I am asked about areas where our family felt things are fine and where we felt we need help.

	#	%	
Strongly Agree	749	55.07%	98.75%
Agree	594	43.68%	
Disagree	12	0.88%	1.25%
Strongly Disagree	5	0.37%	
Total	1360		

Q14: We receive all the services listed in our IFSP.

	#	%	
Strongly Agree	677	51.68%	96.11%
Agree	582	44.43%	
Disagree	43	3.28%	3.89%
Strongly Disagree	8	0.61%	
Total	1310		

Q17: I receive information and explanations about the services my child needs and believe the services my child and family receive are appropriate.

	#	%	
Strongly Agree	708	51.34%	95.65%
Agree	611	44.31%	
Disagree	52	3.77%	4.35%
Strongly Disagree	8	0.58%	
Total	1379		

Parent survey data show a high level of agreement that family needs are being identified and that services are being provided.

Child Complaints

Three child complaint allegations were found out of compliance regarding provision of services. The corrective actions have been completed as ordered by DESE.

Future Plans for Data Collection

- IFSP Quality Indicators look for linkages between the family's concerns/priorities and outcomes/services
- webSPOE system will collect authorization and billing information, expanded "No Provider Available" (NPA) information
- Informal issues data collection scheduled to be implemented Spring 2005
- No Provider Available data collection for services identified where there is no provider – preliminary data available Spring 2005

2. Targets (for reporting period July 1, 2003 through June 30, 2004):

- Add "No Provider Available" options in SPOE software so extent of provider shortages can be determined and recruitment efforts targeted
- Develop and implement Family Survey

3. Explanation of Progress or Slippage (for reporting period July 1, 2003 through June 30, 2004):

Due to delay in completion of the new webSPOE data system, the "No Provider Available" (NPA) option was not available, until a change was made to the current system to allow entry of NPA authorizations. Data collection on NPA began in 2004-05. Guidance has been distributed in regards to when and how to use the NPA authorizations and what is required of service coordinators in the event that no providers are available. Requirements include continuing to look for providers and offering compensatory services when a provider is located. Consultants are also working on provider recruitment in areas where preliminary NPA data is being reported.

A summary of provider recruitment activities can be found in GS.IV.

The primary methods of data collection will be family surveys and the IFSP Quality Indicators Rating Scale. Family survey data is already available and is showing high levels of agreement that appropriate services are identified and provided. Data from the Quality Indicators will become available during 2005-06 and will be incorporated into general supervision efforts.

4. Projected Targets:

- At least 90% of survey responses indicate that appropriate services are identified and provided
- NPA baseline is established and data show a decrease in services not provided due to lack of providers

5 & 6. Future Activities to Achieve Projected Targets/Results and Projected Timelines and Resources:

See GS.IV and CE.I

CE.IV If children are not receiving services primarily in natural environments, these children have IFSPs that justify why services are not provided in natural environments.

1. Baseline/Trend Data and Analysis (for reporting period July 1, 2003 through June 30, 2004):

Primary Setting for Children under 3 years of age with active IFSPs (as of 12/1/2003 child count)

Primary Setting	12/1/2003						Total Child Count, 12/1/2003	%	Total Child Count, 12/1/2002	%	Change
	0-1 Years	%	1-2 Years	%	2-3 Years	%					
Program Designed for Children with Developmental Delay or Disabilities	12	2.58%	33	3.09%	79	4.18%	124	3.62%	182	6.19%	-2.56%
Program Designed for Typically Developing Children	20	4.30%	65	6.09%	144	7.62%	229	6.69%	228	7.75%	-1.06%
Home	430	92.47%	962	90.16%	1,650	87.26%	3,042	88.87%	2,276	77.36%	+11.51%
Hospital (Inpatient)	3	0.65%	1	0.09%	2	0.11%	6	0.18%	1	0.03%	+0.14%
Service Provider Location	0	0.00%	2	0.19%	8	0.42%	10	0.29%	1	0.03%	+0.26%
Other Setting *	0	0.00%	4	0.37%	8	0.42%	12	0.35%	254	8.63%	-8.28%
Total	465		1,067		1,891		3,423		2,942		

Primary Setting by Race for Children under 3 years of age with active IFSPs (as of 12/1/2003 child count)

Primary Setting	12/1/2003										Total Child Count	%
	Asian/Pacific Islander	%	Black (not His.)	%	Hispanic	%	White (not His.)	%	Amer. Indian/Alaska Native	%		
Program Designed for Children with Developmental Delay or Disabilities	2	2.86%	13	3.10%	6	5.83%	103	3.65%	0	0.00%	124	3.62%
Program Designed for Typically Developing Children	5	7.14%	36	8.59%	6	5.83%	182	6.44%	0	0.00%	229	6.69%
Home	63	90.00%	367	87.59%	89	86.41%	2,516	89.09%	7	100.00%	3,042	88.87%
Hospital (Inpatient)	0	0.00%	0	0.00%	0	0.00%	6	0.21%	0	0.00%	6	0.18%
Service Provider Location	0	0.00%	0	0.00%	1	0.97%	9	0.32%	0	0.00%	10	0.29%
Other Setting *	0	0.00%	3	0.72%	1	0.97%	8	0.28%	0	0.00%	12	0.35%
Total	70		419		103		2,824		7		3,423	

* Other Setting data for the 12/1/2002 child count was inflated by unknown primary settings due to conversion from the old system to the new or because information on the services received was not available. The primary setting of the IFSP is now a required data element.

Monitoring Data

Justification for services provided outside of the natural environment has been monitored in conjunction with SPOE visits. This is not an area where problems have been found, except for some isolated situations. For example, one SPOE had noncompliance with services in a setting designed for children with disabilities and not showing appropriate justification. This area of noncompliance is being dealt with through corrective actions.

Child Complaints

There were no child complaints in this area in 2003-04

Future Plans for Data Collection

- IFSP Quality Indicators includes a section on justification of non-natural environments
- webSPOE system will require the entry of a natural environments justification for any service authorized in a non-natural environment. Scheduled to be implemented Summer 2005
- Data from service coordinator and provider monitoring

2. Targets (for reporting period July 1, 2003 through June 30, 2004):

- Maintain high percentage of children served in natural environments.

3. Explanation of Progress or Slippage (for reporting period July 1, 2003 through June 30, 2004):

In new webSPOE software, justification will be required if a non-natural setting is selected for any service. In addition, the software will provide data on the number of "No Provider Available" services that were due to providers not willing to travel to the natural environment. Due to a delay in the completion and implementation of the new software, this data is not yet available.

Monitoring for justification of non-natural environments will occur along with all other monitoring of SPOEs and service coordinators.

4. Projected Targets:

- Maintain high percentage of children served in natural environments
- Continue monitoring for natural environments justification
- IFSP Quality Indicators data will show use of best practices in regards to natural environments
- Additional projected targets are in the Future Activities tables

5 & 6. Future Activities to Achieve Projected Targets/Results and Projected Timelines and Resources:

See also CE.I

New Cluster/ Probe	Future Activities to Achieve Projected Targets (5)	Projected Targets/ Evidence of Change (4)	Projected Timelines (6)	Resources (6)
CE.IV	Determine need for and develop the natural environments module	Module developed if determined necessary	2005-06	EP, Comp
CE.IV GS.IV	Explore incentives for providers to go into natural environments including discussions with Medicaid on reimbursement issues	Appropriate service delivery in natural environments	Ongoing	Comp
CE.IV	Develop IFSP Quality Indicators and include indicators for natural environment justification	Appropriate service delivery in natural environments	Ongoing	EP
CE.IV GS.IV	Include reasons for NPA in new webSPOE	Appropriate service delivery in natural environments	Ongoing	Data

CE.V Children participating in the Part C program demonstrate improved and sustained functional abilities in the areas of cognitive development; physical development, including vision and hearing; communication development; social or emotional development; and adaptive development.

1. Baseline/Trend Data and Analysis (for reporting period July 1, 2003 through June 30, 2004):

Inactivation reasons

Missouri has very restrictive eligibility criteria for First Steps. Due to this a large percentage of children in the First Steps program are expected to continue to need special education services under Part B. Data show that for children under three years who had an IFSP, the number in the exit category "Completion of IFSP" grew from 38 in 2002-03 to 129 in 2003-04.

From April 2004 First Steps Family Survey

Q19: The early intervention services in my family's Individualized Family Services Plan (IFSP) have a significant impact in my child's development.

	#	%	
Strongly Agree	760	57.79%	97.41%
Agree	521	39.62%	
Disagree	32	2.43%	2.59%
Strongly Disagree	2	0.15%	
Total	1315		

Q20: The information and help my family receive through First Steps has made our family better off.

	#	%	
Strongly Agree	784	59.08%	97.44%
Agree	509	38.36%	
Disagree	28	2.11%	2.56%
Strongly Disagree	6	0.45%	
Total	1327		

Q21: The ability of our family to work and play together as a family is pretty normal even though we have a child with special needs.

	#	%	
Strongly Agree	805	61.83%	97.16%
Agree	460	35.33%	
Disagree	31	2.38%	2.84%
Strongly Disagree	6	0.46%	
Total	1302		

From Monthly First Steps Family Exit Survey (initiated in August 2004)

Q16: The early intervention services in my family's Individualized Family Services Plan (IFSP) had a significant impact on my child's development.

	#	%	
Strongly Agree	146	54.28%	94.06%
Agree	107	39.78%	
Disagree	13	4.83%	5.95%
Strongly Disagree	3	1.12%	
Total	269		

Q19: First Steps has enhanced/increased my child's participation in family and community activities.

	#	%	
Strongly Agree	110	44.90%	90.21%
Agree	111	45.31%	
Disagree	18	7.35%	9.80%
Strongly Disagree	6	2.45%	
Total	245		

Family survey questions regarding improved functional abilities are overwhelmingly positive.

Child Complaints

There were no child complaints in this area in 2003-04.

Future Plans for Data Collection

- IFSP Quality Indicators include a section on evaluation of outcomes
- webSPOE system will provide data on evaluation of outcomes
- Part B student locator system and ECSE School Entry Profile exit data. Preliminary data will be available Summer 2005. It will take several years for the student ID system to be implemented for children in First Steps in order to follow them through ECSE.

2. Targets (for reporting period July 1, 2003 through June 30, 2004):

- The positive reasons for exiting First Steps will increase and the negative reasons will decrease.

3. Explanation of Progress or Slippage (for reporting period July 1, 2003 through June 30, 2004):

Missouri is now in the process of collecting outcome related data.

- Family surveys are providing data regarding the impact of First Steps services and responses are very positive.
- In the spring of 2005, the School Entry Profile will be used to assess every child exiting Early Childhood Special Education (ECSE). The data will indicate whether the child was involved with First Steps prior to ECSE. Data can then be disaggregated and outcomes measured in terms of parity with nondisabled peers. Targets will be established when baseline data is available.
- Data from the evaluation of outcomes during IFSP reviews will be available from the webSPOE system. Again, targets will be established when baseline data is available, but improved outcomes will most likely be implied by positive evaluations of outcomes.

4. Projected Targets:

- Increase percentage of children exiting First Steps with an exit reason of Completion of the IFSP or Ineligible for Part B
- Evaluation of outcome data will show that the majority of children are attaining the goals established by the IFSP
- Initial School Entry Profile data will be collected, analyzed and targets established
- Additional projected targets are in the Future Activities tables.

5 & 6. Future Activities to Achieve Projected Targets/Results and Projected Timelines and Resources:

New Cluster/ Probe	Future Activities to Achieve Projected Targets (5)	Projected Targets/ Evidence of Change (4)	Projected Timelines (6)	Resources (6)
CE.V	Finalize and implement webSPOE	Data available on evaluation of IFSP outcomes	2005-06	DSE Staff
CE.V	Implement universal assessment of children exiting early childhood special education	Increasing parity with nondisabled peers	2004-05	EP

Cluster Area CV: Early Childhood Transition (CBT)

Question: Do all children exiting Part C receive the transition planning necessary to support the child's transition to preschool and other appropriate community services by their third birthday?

State Goals: (for reporting period July 1, 2003 through June 30, 2004)

- The positive reasons for exiting First Steps will increase and the negative reasons will decrease.
- The performance of children who receive early intervention and special education services prior to age 5 will increase on the school entry profile.

Performance Indicator: (for reporting period July 1, 2003 through June 30, 2004)

- All children exiting Part C receive the transition planning necessary to support the child's transition to preschool and other appropriate community services by their third birthday.

1. Baseline/Trend Data and Analysis (for reporting period July 1, 2003 through June 30, 2004):

Reasons for inactivations during 2003-04 of children under 3 years of age who had an IFSP

Exit Reason	Number	Percent
Transition to Part B	1,115	59.2%
Eligible for Part B	91	4.8%
Completion of IFSP	129	6.8%
Part B Ineligible, Exit with No Referral	81	4.3%
Part B Ineligible, Exit to Other Programs	71	3.8%
Part B Referral Refused by Parent/Guardian	72	3.8%
Child Deceased	17	0.9%
Moved out of State	97	5.1%
Unable to contact/locate	107	5.7%
Withdrawn by parent/guardian	105	5.6%
Total	1,885	100.0%

Exit data for years prior to 2003-04 are not provided due to questions about the validity of the data. Data for 2003-04 show that the majority of children exit to Part B programs which is expected due to the restrictive nature of Missouri's eligibility criteria. When exit data is limited to children exiting near the third birthday, the percent going on to ECSE is over 75%

Part B Referrals from First Steps (Part C)

	1999-2000	2000-2001	2001-2002	2002-2003	2003-2004
Number of referrals from First Steps	1,210	1,632	1,856	2,128	2,197
Of those, the number of children that were ECSE eligible	1,001	1,315	1,492	1,746	1,745
% of referrals that were ECSE eligible	82.7%	80.6%	80.4%	82.0%	79.4%

Source: ECSE Web Application

Part C referrals to Part B have been increasing over the past five years, while a consistent 80 percent of referrals are found eligible. This would suggest that the service coordinators are aware of their responsibilities in terms of transition.

From Monthly First Steps Family Exit Survey (initiated in August 2004)

Transition Q1: My service coordinator informed our family about the transition process and options available for our child.

	#	%	
Strongly Agree	135	51.14%	90.91%
Agree	105	39.77%	
Disagree	13	4.92%	9.09%
Strongly Disagree	11	4.17%	
Total	264		

Transition Q2: The information provided helped me understand the transition process.

	#	%	
Strongly Agree	113	43.13%	89.31%
Agree	121	46.18%	
Disagree	19	7.20%	10.64%
Strongly Disagree	9	3.44%	
Total	262		

Transition Q3: A transition meeting was held six months prior to my child's third birthday so a smooth and effective transition occurred at age three.

	#	%	
Strongly Agree	96	42.11%	86.85%
Agree	102	44.74%	
Disagree	16	7.02%	13.16%
Strongly Disagree	14	6.14%	
Total	228		

Survey data show that over 85% of families reported that a transition meeting was held six months prior to the child's third birthday. Approximately 90% of families agreed that information on the transition process was shared and that it helped them understand the process.

Monitoring Data of SPOEs on Transition for Late Referrals

This area has been identified as a systemic issue and is being addressed through corrective action plans. If not corrected in a timely manner, sanctions will be imposed.

Child Complaints

One child complaint allegation was found out of compliance in regard to following proper transition procedures. The corrective action was completed as ordered by DESE.

Future Plans for Data Collection

- Informal issues data collection will inform if there are issues with particular service coordinators or providers in the transition area
- webSPOE system will provide transition meeting/planning data
- LEA surveys will provide data on transition planning from the school district perspective
- IFSP Quality Indicators have a rating section for transition planning

2. Targets (for reporting period July 1, 2003 through June 30, 2004):

- All infants and toddlers will have smooth and timely transitions from Part C.

3. Explanation of Progress or Slippage (for reporting period July 1, 2003 through June 30, 2004):

DESE's plan for collecting transition planning data and correction of noncompliance includes the following:

- Family Exit survey – Data collection began in August 2004 and continues on a monthly basis. Surveys are sent to families who exited the program six months earlier. Family exit survey data will provide additional information on the transition process and programs into which the children transitioned. Data will be used to target specific SPOEs for additional follow-up.
- webSPOE - The new software will provide detailed information on when transition meetings are held as well as who participated. The software will also include reports/notifications of impending deadlines, including timelines for transition meetings, and will require certain actions to be taken by service coordinators, including appropriate transition activities. Data will be used to target specific service coordinators for additional follow-up. The webSPOE software is expected to be implemented in Summer 2005.
- LEA surveys – Surveys will provide information on the transition process from the school district perspective. This will alert DESE to potential problems from specific SPOEs or service coordinators.
- IFSP Quality Indicators – The indicators contain a rating scale for the quality of transition plans. Data will be used to target specific SPOEs and service coordinators for additional follow-up.
- Monitoring of SPOEs and service coordinators – will incorporate all of the above data as it becomes available. Monitoring of service coordinators beginning in February 2005 will look at transition. Any identified noncompliance will require a corrective action and, if not corrected, will cause sanctions to be imposed.

DESE will use SIG funds to bring together a workgroup of stakeholders in the Part C and 619 systems to revise and expand the Part C Transition training, so that it better encompasses and addresses children's transition from Part C services to 619 or community-based services. This training will be placed online and made available for parents, community-based service personnel (child care centers, preschools), and school staff (ECSE, Title I and PAT personnel).

4. Projected Targets:

- All infants and toddlers will have smooth and timely transitions from Part C.
- Additional projected targets are in the Future Activities tables.

5 & 6. Future Activities to Achieve Projected Targets/Results and Projected Timelines and Resources:

See also GS.I

New Cluster/ Probe	Future Activities to Achieve Projected Targets (5)	Projected Targets/ Evidence of Change (4)	Projected Timelines (6)	Resources (6)
GS.I GS.II CBT	Monitor data reports on C to B transition	Timely transitions to Part B	Ongoing	DSE Staff
CBT	Incorporate transition rules and reports into webSPOE software	Timely transition conferences	2004-05	Comp, Data
CBT	Update and make available the Transition module	Timely transition	2004-05	EP, Comp
CE.I CBT	Schedule regular meetings with First Steps and ECSE coalition	Transition from C to B facilitated by communication	Ongoing	DSE Staff

ATTACHMENT 1

Cluster Area CI: General Supervision

Dispute Resolution – Complaints, Mediations and Due Process Hearing Baseline/Trend Data

Ia: Formal Complaints								
(1) July 1, 2003 - June 30, 2004	(2) Number of Complaints	(3) Number of Complaints with Findings	(4) Number of Complaints with No Findings*	(5) Number of Complaints not Investigated – Withdrawn or No Jurisdiction	(6) Number of Complaints Set Aside because same Issues are being Addressed in a Due Process Hearing	(7) Number of Complaints with Decisions Issued within 60 Calendar Days	(8) Number of Complaints Resolved beyond 60 Calendar Days, with a Documented Extension	(9) Number of Complaints Pending as of: 1/24/05 (enter closing date for dispositions)
TOTALS	11	6	3	2	0	7	2	0

Ib: Mediations					
(1) July 1, 2003 – June 30, 2004	Number of Mediations		Number of Mediation Agreements		(6) Number of Mediations Pending as of: 1/24/05 (enter closing date for dispositions)
	(2) Not Related to Hearing Requests	(3) Related to Hearing Requests	(4) Not Related to Hearing Requests	(5) Related to Hearing Requests	
TOTALS	0	0	0	0	0

Ic: Due Process Hearings					
(1) July 1, 2003 – June 30, 2004	(2) Number of Hearing Requests	(3) Number of Hearings Held (fully adjudicated)	(4) Number of Decisions Issued within Hearing Timeline (45 days if Part B procedures under 34 CFR §303.420(a) are adopted; 30 days if Part C procedures under 34 CFR §303.420(b) are established)	(5) Number of Decisions within Timeline Extended under 34 CFR §300.511 ^①	(6) Number of Hearings Pending as of: 1/24/05 (enter closing date for dispositions)
TOTALS	0	0	0	0	0

* No substantiated findings of non-compliance made

ATTACHMENT 2
ALL SOURCES OF FUNDING FOR EARLY INTERVENTION SERVICES:
IDENTIFICATION AND COORDINATION OF RESOURCES

State of Missouri

Reporting Period: July 1, 2003 through June 30, 2004

Funding Sources and Supports During the Reporting Period					
Sources of Funding	Amount of Funding	In-Kind Contribution	Services and/or Activities Supported by Each Source	Barriers to Accessing Funds	Comments
Federal Part C	\$ 7,895,674.00		Training, Administration, Direct Services		Contractual agreements with CFO for billing authorizations, Child data system; SPOEs for public awareness, eligibility determination
Federal (Specify)					
Part B	\$ 184,685.00		SEA Central Office Admin.		CISP development; Training contractors
XIX	\$ 2,218,866.00		Direct Services		
State (Specify)					
G.R.	\$ 15,576,538.00		Training, Administration, Direct Services		Contractual agreements with CFO for billing authorizations, Child data system; SPOEs for public awareness, eligibility determination
Local (Specify)					
Private Insurance, Fees	Unknown				
Other(s) Non-Federal (Specify)	Unknown				
Total Early Intervention Support	\$ 25,875,763.00				